GETTING TO OUTCOMES®
GUIDE FOR
TEEN PREGNANCY PREVENTION

GETTING TO OUTCOMES®

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A Brief Statement About the Evidence for GTO

Why use Getting To Outcomes (GTO)? Research has shown that organizations that use GTO in teen pregnancy prevention programs improve their programs and get better outcomes than organizations that do not use GTO.

One RAND study compared two groups of community-based organizations carrying out Making Proud Choices, an evidence-based teen pregnancy prevention program. Both groups received training typical to Making Proud Choices. However, only one group received the GTO support. Fidelity was rated by outside observers in both groups. Each observed Making Proud Choices activity was rated as being done "Completely," "Partially," or "Not at all." As shown below, at two years, the group using GTO achieved near-perfect fidelity, while the group not using GTO carried out activities "Completely" about half the time. GTO itself is evidence-based.

Fidelity ratings of Making Proud Choices activities

Used GTO
- 7%
- 1%
- 92%

Didn't use GTO
- 36%
- 9%
- 55%

Legend:
- COMPLETELY
- PARTIALLY
- NOT AT ALL
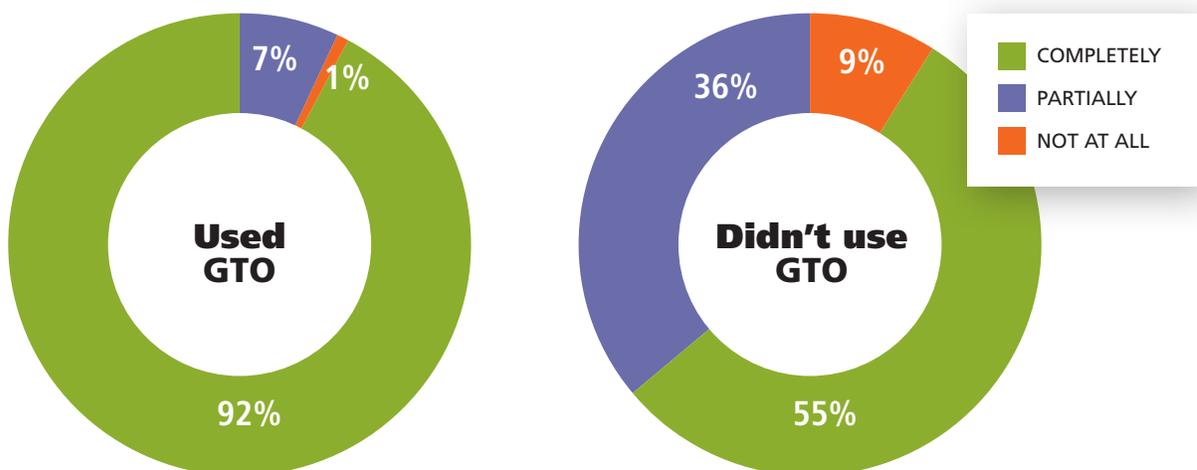
Also, youths in the group who received GTO support had better increases in knowledge, attitudes, and intentions regarding condom use compared with the non-GTO group.

Getting To Outcomes at a glance

1 Needs and resources assessment

2 Goals and desired outcomes

3 Best practices

4 Fit

5 Capacities

6 Plan

7 Implement/ process evaluation

8 Outcome evaluation

9 Continuous quality improvement (CQI)

10 Sustainability

STEPS 1–6
PLANNING

DELIVERING A PROGRAM

STEPS 7–10
EVALUATING AND IMPROVING
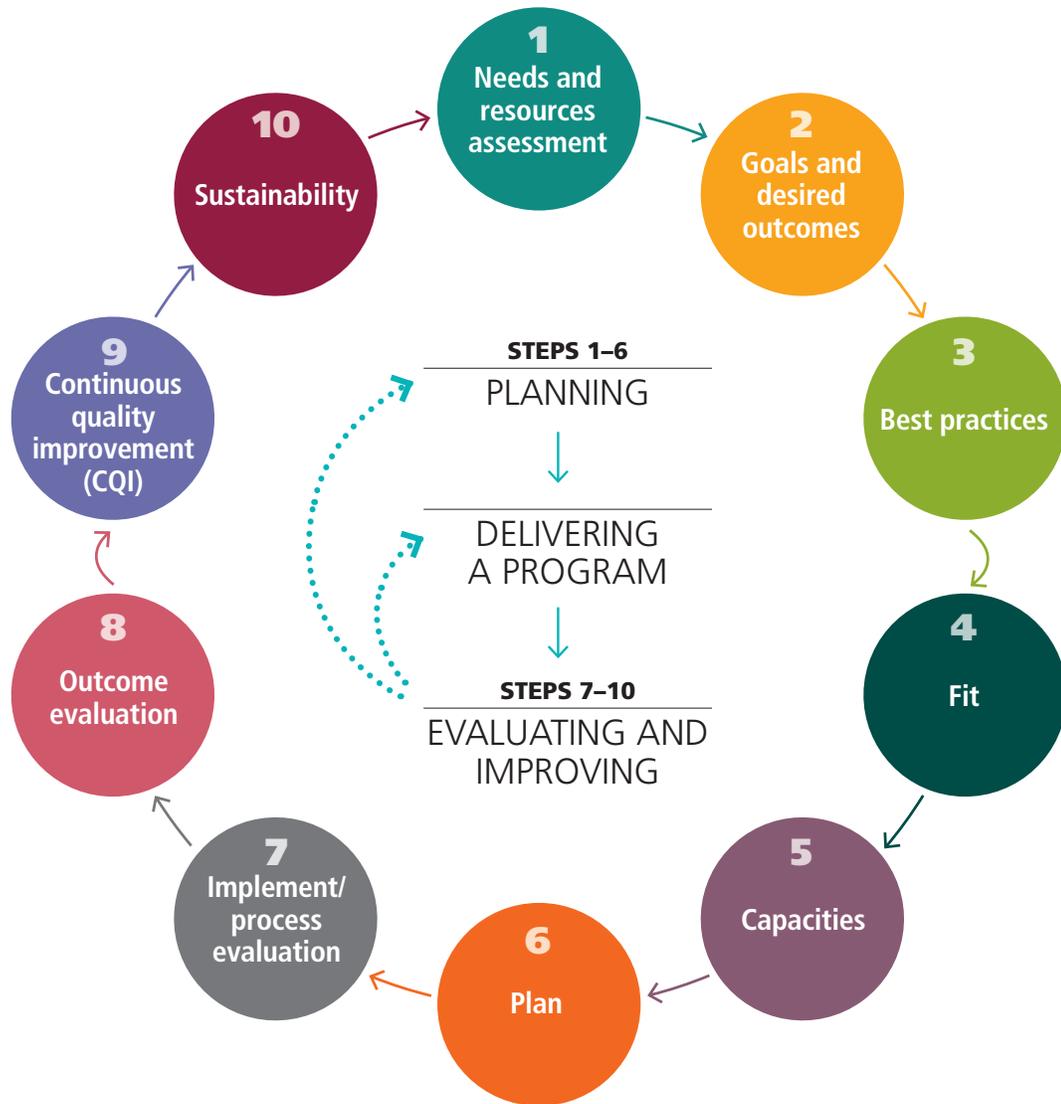
Getting To Outcomes® (GTO) is a user-friendly process for comprehensive planning, implementation guidance, and evaluation of programs and community initiatives. It is designed to help organizations run programs well and get desired outcomes, just as the guide's name suggests. GTO is a ten-step process that guides the user through the key tasks needed to make any program a success. The GTO process is supported by training, technical assistance, and guides, such as this Getting To Outcomes Guide for Teen Pregnancy Prevention, which offer tools and instructions to help users complete the ten GTO steps.

Brief Background on Teen Sexual Health

All of us working to prevent teen pregnancy ask ourselves: Are we making a difference? Research has shown that evidence-based programs (EBPs) designed for teen pregnancy prevention (TPP) can impact one or more of the following outcomes:

1. Recent sexual activity

2. Number of sexual partners

3. Frequency of sexual activity

4. Contraceptive use and/or use consistency

5. Sexual initiation and abstinence

6. Pregnancy or birth

7. Sexually transmitted infections (STIs, including HIV)

These outcomes will be referenced throughout this guide. They were identified by the U.S. Department of Health and Human Services' Office of Adolescent Health (OAH)—a key funder of TPP programs—and have been used to characterize the programs in their list of evidence-based TPP programs (http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx).

Whether your focus is on one or multiple of these outcomes, GTO helps assess the need for a TPP program, identify a specific health goal, and specify desired outcomes that relate to the goal. After that, GTO can help you choose an EBP and a plan for successful implementation. Furthermore, GTO will help you plan and collect process and outcome data to improve and sustain the program. Conducting these activities will help you meet the needs of the youth in your community and demonstrate your effectiveness to funders, consumers, and other stakeholders.

Reducing what are known as "risk factors" and increasing "protective factors" can make an impact on these outcomes. Risk factors are certain characteristics, attitudes, and behaviors that can lead to poor outcomes. Important risk factors include lack of knowledge, negative attitudes toward abstinence or contraceptives, weak negotiation and refusal skills, and low self-efficacy for negotiation, refusal, and condom use. Similarly, protective factors

discourage behaviors that lead to unwanted outcomes, or encourage behaviors to prevent unwanted outcomes. Most TPP programs cannot control some of the influential factors, such as age and environment. Important protective factors include contraceptive knowledge, self-efficacy for partner negotiation, sexual refusal, contraceptive use, and positive attitudes toward abstinence and contraceptives. Other risk and protective factors, such as attitudes, beliefs, and knowledge, e.g., of proper condom use, are subject to change through quality TPP programs. It is important to understand that the outcomes mentioned earlier are changed through targeting risk and protective factors.

In 2007, the National Campaign to Prevent Teen and Unplanned Pregnancy and ETR Associates produced a comprehensive report on affecting teen sexual health called "Sexual Risk and Protective Factors" by Douglas Kirby and Gina Lepore. The full report is available for download at https://thenationalcampaign.org/resource/ sexual-risk-and-protective-factors%E2%80%94full-report. The report includes an easy-to-use table showing the feasibility of change of each of the key risk and protective factors they include. Many TPP programs incorporate these in their curricula. This table would be a useful resource for your work on GTO Steps 1, 2, and 3 (available at this link: https://thenationalcampaign.org/sites/default/files/resource-supporting-download/protective_ factors_sum.pdf).

Overview of the Guide

This guide is designed to lead you through the ten steps of GTO and provide supplemental information and resources to improve your planning, implementation, and evaluation of your TPP program. Although not a full GTO manual, this guide is a streamlined sequence of tools and additional resources. Full GTO manuals for drug prevention, underage drinking prevention, positive youth development, homelessness services, and home-visiting programs are available at http://www.rand.org/gto.

This guide is designed for individuals who are considering and/or planning for the implementation of a TPP program. Directors of community-based youth-serving organizations, state and local health department staff responsible for TPP programs, and individuals assessing or evaluating TPP programs may also be interested in this guide.

Organization of the GTO Guide for TPP

For each GTO Step, this guide contains:

- An introduction to the GTO step

- An introduction to each tool contained within the step and why using it is important

- Instructions for completing each tool within the step

- GTO tools ⚒ containing relevant examples in certain parts of each tool to assist you with completion

- A supplemental information and resources section ⬚ that provides a listing and description of additional resources that can further assist you in the GTO process

- Blank tools for you to complete in each chapter.

Microsoft Word versions of each tool are also available for free download on the RAND website, where this manual also can be downloaded for free at http://www.rand.org/t/TL199.

The GTO Guide for TPP also includes a Glossary of Terms to help you better understand terms used in the following chapters and several additional appendices, also available at the RAND website. The appendices are particularly useful to download when you are conducting your own program evaluation and include a sample pre- and post-program survey. Finally, the guide includes an Evaluation Data Workbook (an Excel workbook) for you to enter pre- and post-data and obtain quick preprogrammed calculations of your results. The Evaluation Data Workbook also can be downloaded at http://www.rand.org/t/TL199. The instructions for the Evaluation Data Workbook can be found in Appendix M.

Tips for Using the GTO Guide for TPP

- Completing these tools takes time, thought, and consideration. When time and attention are put into completing these tools, they will help improve the quality of your program, both for you as the agency running it and for the youths receiving it.

- The ten GTO steps and corresponding tools outlined in this guide are designed to be completed sequentially. The GTO process is most beneficial when the tools are completed in collaboration between program facilitators and program managers/directors to ensure that key details are not missed.

- It is especially important to complete GTO Steps 1–6 before implementing your program. GTO Steps 7 and 8—the evaluation steps—also have parts that are important to complete before you start running your program. Set aside a regular time for your program facilitators and program manager to address the steps leading up to, during, and immediately following implementation.

- After you have completed Steps 1–8 during an implementation of the program, you will want to use your evaluation results in Step 9—quality improvement—and revisit GTO Steps 1–6 before the next implementation to see whether changes should be made to improve the process and/or outcomes of the next implementation. You would then repeat the evaluation and quality improvement steps (Steps 7–9) for the next implementation as well. GTO prescribes this ongoing cycle for all future program implementations.

GTO Step 1—Needs and Resources Assessment

WHAT IS GTO STEP 1?

In order to create a fully informed plan for an effective TPP program, it is essential to know what the problems are that need to be addressed and the resources that are available. A needs assessment is the process of gathering information about the current conditions of a targeted area, or the underlying "need" for a program. A resources assessment is the process of gathering information about the resources available to address a particular need.

WHY IS GTO STEP 1 IMPORTANT?

A needs and resources assessment of your community and target population can help you identify where teen pregnancy and sexual risk behaviors are the most prevalent, the risk and protective factors that affect those behaviors, and what community resources are available to assist your efforts to reduce teen pregnancy. Knowing current needs will help with setting realistic goals and desired outcomes.

HOW DO I CARRY OUT GTO STEP 1?

Complete this step by 1) gathering information on the sexual health problems or needs in your community; 2) identifying existing resources that address these needs; 3) prioritizing needs to select those you can address; and 4) specifying your target population.

WHAT DOES STEP 1 DO?

This step helps you identify the "need" for a TPP program and identify related community resources.

The list of EBPs from OAH was determined by assessing the following seven teen sexual health outcome areas. Therefore, it would be important to gather information for at least some of these outcome areas in your needs and resources assessment.

1. Recent sexual activity

2. Number of sexual partners

3. Frequency of sexual activity

4. Contraceptive use and/or use consistency

5. Sexual initiation and abstinence

6. Pregnancy or birth

7. STIs, including HIV

At the end of this chapter, in the supplemental resources section, several sources of data are mentioned that you can use when carrying out a needs and resources assessment. For example, information about teen pregnancy, birth and STIs may be available through your state's public health department.

GTO Step 1 contains three tools that will help you carry out a needs and resources assessment ⚒

Data Catalog Tool helps you determine which data source you plan to use and who will be responsible to collect the data.

Community Resource Assessment Tool helps you identify resources in your community that may support implementation of your program. You will save time and money and avoid duplicating efforts when you determine what is already working and where you can best contribute.

Priority Needs Filter Tool helps you identify the behaviors and influential factors that your program should be designed to target.

Data Catalog Tool Instructions

1. For each data type listed, specify the source of where to obtain the data.

2. Note whether the data exists or you have to collect new data yourself. For example, you may be able to find data about sexual risk-taking behaviors for your general youth population on such websites as the Centers for Disease Control and Prevention (CDC). However, it may be helpful to understand the sexual risk-taking behaviors of your specific population of youth, which could require collecting your own data in the form of focus groups or surveys. In some circumstances, it may not be possible to obtain data for all outcomes or risk and protective factors. The point is to gather sufficient data to defend the need for a program, inform goal setting, and point you toward a specific program to use.

3. Specify the person responsible for collecting the data and a due date for acquiring it.

EXAMPLE DATA CATALOG TOOL

Completed by J. Smith | Date November 15, 2016

DATA AREAS	SOURCE OF DATA	EXISTING OR NEW DATA	PERSON RESPONSIBLE/ DATE DUE
Youth demographics	Boys and Girls Club Enrollment Report	Existing	John Smith/ January 15, 2017
Common sexual risk-taking behaviors Examples (taken from the relevant seven outcome areas) • Recent sexual activity • Number of sexual partners • Frequency of sexual activity • Contraceptive use and/or use consistency • Sexual initiation and abstinence	http://www.hhs.gov/ash/oah/ resources-and-publications/ facts/. Able to find data about teen births in our state	Existing	John Smith/ January 15, 2017
Incidence of youth pregnancy, birth, STIs, and HIV Examples (taken from the relevant seven impact areas) • Pregnancy or birth • STIs (including HIV)	State Department of Public Health, Centers for Disease Control and Prevention	Existing	John Smith/ January 15, 2017
Important risk and protective factors influencing the above sexual behaviors	http://www.hhs.gov/ash/oah/ resources-and-publications/ facts/. Percentage of adolescents ages 12–17 who have at least one adult mentor- like relationship in school, neighborhood, or community (according to parent)	Existing	John Smith/ January 15, 2017

DATA CATALOG TOOL

Completed by _____   Date _____

DATA AREAS	SOURCE OF DATA	EXISTING OR NEW DATA	PERSON RESPONSIBLE/ DATE DUE
Youth demographics			
Common sexual risk-taking behaviors Examples (taken from the relevant seven outcome areas) • Recent sexual activity • Number of sexual partners • Frequency of sexual activity • Contraceptive use and/or use consistency • Sexual initiation and abstinence			
Incidence of youth pregnancy, birth, STIs, and HIV. Examples (taken from the relevant seven impact areas) • Pregnancy or birth • STIs (including HIV)			
Important risk and protective factors influencing the above sexual behaviors			

Community Resource Assessment Tool Instructions

1. Make as many copies of the tool as necessary for you and your co-workers to complete this step. Make more than one copy when you are documenting more than three resources.

2. Identify local community resources that will help youth in your program (e.g., local public health department, school-based health clinic, Planned Parenthood clinic, and other community-based organizations).

3. Note the location or address of the resource or where it is delivered.

4. Specify the age range of youth served by the community resource.

5. Enter the resource availability, including frequency or hours of operation.

6. Describe the demographic information of who uses the program or resource, including gender, age, and income.

7. List any specific risk factors addressed by the resource that are associated with an increased risk of teen pregnancy, STIs, or HIV. These may include sexually active teens, substance abuse, or lack of knowledge about condoms and contraception. List any specific protective factors addressed by the resource that are associated with increased protection from teen pregnancy, STI, or HIV. These may include access to sexual and reproductive health care, safety, or connections to positive adults.

8. Collect any information you can find on the outcomes the resource is producing.

9. If the resource is having positive outcomes, try to identify what characteristics are driving those positive outcomes (e.g., free or low-cost services, convenient hours for youth, confidential services, access to a caring adult, or an EBP model).

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EXAMPLE COMMUNITY RESOURCE ASSESSMENT TOOL

Completed by   J. Smith   Date November 15, 2016

	RESOURCE 1	RESOURCE 2	RESOURCE 3
Name of resource and program/ service	County health department		
Location	ABC Health Dept., 123 Main Street, Anywhere, State		
Ages served	11–14		
Hours of operation	8:00 a.m.–4:00 p.m., Mon–Fri		
Who uses it?	Open to all		
Risk factors addressed:	Sexually active teens, substance abuse, depression and isolation		
Protective factors addressed:	Safety, confidential services, connection to positive adults, referrals to reproductive health care, if needed		
Any outcomes produced by the resource?	Delayed the initiation of sex		
What's working?	Confidential services, free services, convenient hours, non-stigmatizing to all youth		

COMMUNITY RESOURCE ASSESSMENT TOOL

Completed by			Date

	RESOURCE 1	RESOURCE 2	RESOURCE 3
Name of resource and program/ service			
Location			
Ages served			
Hours of operation			
Who uses it?			
Risk factors addressed:			
Protective factors addressed:			
Any outcomes produced by the resource?			
What's working?			

Priority Needs Filter Tool

This tool will help you "filter," or sort, the influential factors and behaviors to identify which ones are not being met elsewhere and can be reasonably measured and addressed by your group through an EBP.

The collected data and your Community Resource Assessment Tool will inform this process. Begin by brainstorming a list of important influential (i.e., risk and protective) factors and behaviors that call for change, and then filter the list as described below.

1. Make as many copies of this tool as necessary for you and your co-workers to complete this task.

2. Decide how you will involve staff and other stakeholders in the filtering process. For example:
    a. Distribute copies to your co-workers and have them fill it out on their own. Collect the filled-in copies and have someone collate the answers for each item. You and your co-workers should then meet to discuss the results and decide on the key priorities of your program.

    b. Bring your co-workers together for a meeting to discuss and develop the priorities.

3. The left column, Process, provides prompts on how to carry out the filtering.

4. Start by identifying the most-important sexual risk-taking behaviors that need to change, according to your analysis of local teen pregnancy, STI, and HIV data. Then add the influential factors that need to be changed. Examine the resulting lists, and cross out any influential factors that already are being addressed in other programming offered by your organization or other organizations in your community (and note which organization). Cross out any influential factors that you lack the resources (time and budget) to confront. Now, cross out any others that you can't change or whose changes you can't measure. Strike through any influential factors that your organization simply chooses not to address at this time. Copy those remaining after this sorting process into the space at row 7. These are your priority needs.

5. Specify the target population of your program. You should note about how many people you will target and what characteristics define the group. For example, you may want to target all the middle-schoolers attending the local Boys and Girls Club (e.g., half of whom are male, mostly African-American).

EXAMPLE PRIORITY NEEDS FILTER TOOL

Completed by J. Smith

Date   November 15, 2016

PROCESS	NEEDS: IMPORTANT INFLUENTIAL FACTORS AND BEHAVIORS TO CHANGE
1. **List behaviors that need to change.**	• Correct and consistent condom use • Abstaining from sex • Abstaining from use of alcohol
2. **List influential factors that need to change.**	• Knowledge about the correct and consistent use of condoms • Access to condoms • Knowledge of how to discuss abstaining from sex with a partner • Skills on how to avoid alcohol in social situations
3. **Cross out factors currently being addressed elsewhere.**	~~Skills on how to avoid alcohol in social situations~~ (Drug and alcohol prevention already being done in the schools)
4. **Cross out any influential factors that we lack the resources (time and budget) to confront.**	~~Access to condoms~~ (Do not have community support to provide free condoms to youth)
5. **Cross out any priorities that we cannot change or whose change we cannot measure.**	None
6. **Cross out any influential factors that we choose not to address at this time.**	None
7. **Highlight the remaining influential factors. *These are our priority needs.***	• Knowledge about the correct and consistent use of condoms • Knowledge of how to discuss abstaining from sex with a partner
8. **Specify your target population, including their characteristics and the approximate number for which you have resources.**	About 200 seventh-graders in local middle school—40% African-American, 40% white, 10% Asian-American; 52% female; 75% students eligible for free or reduced-price lunch at school

PRIORITY NEEDS FILTER TOOL

Completed by		Date

PROCESS	NEEDS: IMPORTANT INFLUENTIAL FACTORS AND BEHAVIORS TO CHANGE
1. **List behaviors that need to change.**	
2. **List influential factors that need to change.**	
3. **Cross out factors currently being addressed elsewhere.**	
4. **Cross out any influential factors that we lack the resources (time and budget) to confront.**	
5. **Cross out any priorities that we cannot change or whose change we cannot measure.**	
6. **Cross out any influential factors that we choose not to address at this time.**	
7. **Highlight the remaining influential factors.** *These are our priority needs.*	
8. **Specify your target population, including their characteristics and the approximate number for which you have resources.**	
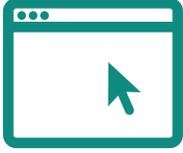
Supplemental Information and Resources for GTO Step 1

Administration for Children and Families

Why: Text and short videos providing more details about conducting a community needs and resources assessment.

Where: http://www.acf.hhs.gov/programs/ocs/resource/conducting-a-community-assessment-1

County Health Rankings and Roadmaps

Why: The only data source listed here that provides health data at the county level. Local data can be the most persuasive and informative information source.

Where: http://www.countyhealthrankings.org/

Office of Adolescent Health (OAH) national and state facts

Why: Provides state-level details on adolescent health facts in the areas of reproductive health, mental health, physical health and nutrition, substance abuse, and healthy relationships. The data are pulled from the CDC but organized in a more user-friendly format.

Where: http://www.hhs.gov/ash/oah/resources-and-publications/facts/

Centers for Disease Control and Prevention vital statistics related to teen birth

Why: Comprehensive resource for the most current state and national data regarding teen births.

Where: http://www.cdc.gov/nchs/fastats/teen-births.htm

Guttmacher Institute Pregnancy Resources

Why: Provides several years of data on teen pregnancy, births, and abortions at the national and state level. The data are pulled from the National Center for Health Statistics and their own data collection. Sometimes, it can be useful to place local data in a larger context.

Where: http://www.guttmacher.org/sections/pregnancy.php

Youth Risk Behavior Surveillance System (YRBSS) Data

Why: The data set monitors priority health risk behaviors that contribute markedly to death, disability, and social problems among youth and adults over time. Not all states participate in YRBSS, and some states that participate may not ask sexual behavior questions.

Where: http://www.cdc.gov/healthyyouth/data/yrbs/results.htm

GTO Step 2—Goals and Desired Outcomes

WHAT IS GTO STEP 2?

In Step 1, you selected the top priorities to address and identified your priority population. In Step 2, you will specify both broad goals and specific changes, called desired outcomes, which you want to achieve for your target population. A health goal is a broad statement that represents the overall impact you would like to achieve through your program—for example, to reduce unplanned pregnancy rates among students at ABC High School. A desired outcome is a way to make goals more specific. It can target either certain influential factors or actual behaviors in your target population. There are several behaviors a teen pregnancy and STI prevention program could focus on, as shown by the seven outcome areas used by OAH:

1. Recent sexual activity

2. Number of sexual partners

3. Frequency of sexual activity

4. Contraceptive use and/or use consistency

5. Sexual initiation and abstinence

6. Pregnancy or birth

7. STIs, including HIV

WHAT DOES STEP 2 DO?

This step prompts you to develop a health goal, specific desired outcomes, relevant program activities to reach the goal, and a logic model that displays all of these elements.

An example of a desired outcome focusing on behaviors could be: All participants who have not yet had sex will remain abstinent at the completion of our program as measured on pre- and post-surveys. In comparison to behaviors, influential factors focus on knowledge, attitudes, and skills. An example of a desired outcome focusing on influential factors could be: At the completion of our program, participants' knowledge about correct and consistent condom use will have increased by 20 percent from pre- to post-surveys.

Another key part of GTO Step 2 is creating a Logic Model for your program. A Logic Model

- is a visual map of the route from needs→goals→desired outcomes→program activities→actual outcomes

- uses each box to be a building block

- is a flow chart of building blocks that allows you to clarify assumptions about how each step builds on the preceding until the desired outcome is reached

- lets you easily see whether there are any gaps in the logic of your program (e.g., abstinence-only programs will not produce an increase in contraceptive behavior outcomes).

WHY IS GTO STEP 2 IMPORTANT?

It is important to set a goal and desired outcomes to ensure that

- everyone involved "is on the same page" with what you are trying to accomplish

- you have benchmarks so you know when your program is working as planned

- you are collecting the right evaluation data to assess progress toward your goals and desired outcomes.

It is important to have a logic model for your program to

- show the relationships between needs, goals and desired outcomes, program activities, and results (outcomes)

- help you tell a compelling story ("create a value case") of how your program is addressing a public health problem stakeholders care about

- visually represent a roadmap for GTO steps.

Start with the results of your needs and resources assessment from GTO Step 1. From there, write at least one health goal that addresses the problems identified. For each goal, use the Logic Model Tool to help identify the behaviors that address that goal and the influential factors that address that behavior. Write down different program activities, or even specific programs, that would address the behavior and influential factors. You will finalize the decision about the specific program in later GTO steps. If you have a program in mind, make sure you understand the behaviors and influential factors it targets and outcomes it has achieved.

After completing the Logic Model Tool, use the SMART Desired Outcomes Tool to help create desired outcome statements that specify what you want to change, who you want to change, how much change you expect, and when the change will occur.

Logic Model Tool Instructions

1. Make as many copies of this tool as necessary for you and your co-workers to complete this task. You need a Logic Model for each goal. You may want to develop rough drafts as you work and then transfer the final details to a clean copy.

2. Be sure you have copies of your completed Step 1 tools available for everyone working on the Logic Model Tool.

3. Starting at the right side of the Logic Model, develop and write in your health goal. This should be a statement about the broad change or impact you hope to achieve in at least one of the OAH outcome areas listed at the beginning of this chapter.

4. Moving to the left, identify and write down the behaviors that directly affect your health goal. For example, a behavior that relates to abstinence would include the initiation of sex.

5. In the third column, identify and write down the influential factors linked to the chosen behaviors. See the discussion of influential factors in the Introduction. These may be the factors that you identified in your Priority Needs Filter Tool that are specific to your community. They may also be influential factors that are general, such as those targeted by most teen pregnancy and STI prevention programs. For example, influential factors for the initiation of sex would be knowledge of how to remain abstinent, attitudes about the benefits of abstinence, and intentions to remain abstinent.

NOTE: The behaviors in No. 4 and factors in No. 5 make up your desired outcomes.

6. In the fourth column, Intervention Activities, define activities that correspond to and address each of your influential factors. If you have not yet chosen your program, you will have the opportunity to think through that choice further in GTO Step 3. When you make your pick, you can return to this tool and link specific parts of the chosen program to specific influential factors and behaviors. For example, if one of the influential factors is attitudes about abstinence, the chosen program should have activities that aim to change those attitudes.

Completed by			Date
INTERVENTION ACTIVITIES	**INFLUENTIAL FACTORS**	**BEHAVIORS**	**HEALTH GOAL**

DESIRED OUTCOMES

Presentation of ideas about how to talk to partners about abstinence	←	Knowledge of how to talk to partners about abstinence	←	Initiation of sex	←	Youth will remain abstinent
Discussion about the benefits of abstinence	←	Attitudes about abstinence	←			
Discussion about ways to remain abstinent	←	Intentions about remaining abstinent	←			
	←		←			
	←		←			

LOGIC MODEL TOOL

Completed by

Date

INTERVENTION ACTIVITIES	INFLUENTIAL FACTORS	BEHAVIORS	HEALTH GOAL
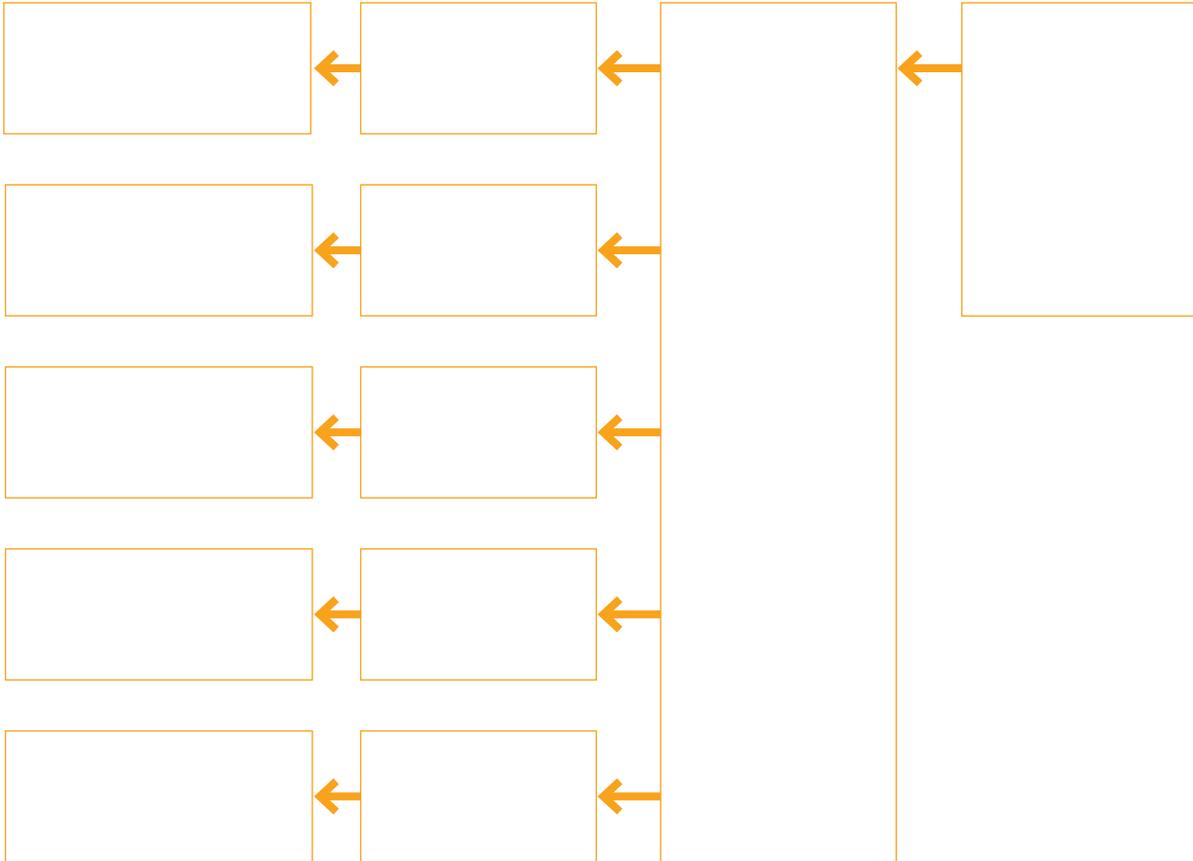
DESIRED OUTCOMES

SMART Desired Outcomes Tool Instructions ⚒

Having completed your Logic Model Tool, you can now complete the SMART Desired Outcomes Tool. SMART stands for: Specific–Measurable–Achievable–Realistic–Time-based. SMART Desired Outcomes are statements that present the specific changes you would like to see as a result of the program in concrete terms that can be measured. The "SMART" acronym will help ensure that your desired outcome statements are strong.

1. Make as many copies of this tool as necessary for you and your co-workers to complete this task.

2. Enter the first behavior or influential factor from your Logic Model in the Behavior or Influential factor column.

3. Create a full desired outcomes statement in the SMART Desired Outcome Statement column, ensuring that each letter in S-M-A-R-T acronym is addressed and relates to the behavior or influential factor you listed.

4. Once your statement has been written, check it by using the SMART Checklist box. Use this space to write each piece of the desired outcome statement that corresponds to each letter in the SMART acronym.

5. Ensure that the desired outcome is aligned with at least one of the seven outcome areas specified by the OAH listed at the beginning of this chapter.

Your SMART Desired Outcomes should be:

Specific

- The desired outcomes should identify concrete changes in the participating youth that will take place.

- Answers the question, "Does the desired outcome statement clearly specify what will change?"

Measurable

- The desired outcomes should specify the amount of change.

- Answers the question, "Does the desired outcomes statement state how much change is expected?"

Achievable

- The desired outcomes should makes logical sense given the needs and goals identified and what a particular program can achieve.

- Answers the question, "Does the desired outcome statement make sense in terms of what the program is attempting to accomplish?"

Realistic

- The desired outcomes should specify how the change will be met with available resources and plans for implementation.

- Answers the question, "Is the desired outcome realistic given available resources and experience?"

Time-Based

- The desired outcomes should specify the time within which the desired outcome will be achieved.

- Answers the question, "Does the desired outcome statement specify when desired results will be achieved?"

Completed by J. Smith   Date November 15, 2016

BEHAVIOR OR INFLUENTIAL FACTOR	SMART DESIRED OUTCOME STATEMENT

Example 1:
Condom knowledge

At the completion of the program, participants' knowledge about correct and consistent condom use will have increased by 20% from pre- to post-surveys.

	SMART Checklist
S	**Specific**—Increased knowledge about condom use
M	**Measurable**—20% increase from pre- to post-surveys
A	**Achievable**—Condom knowledge is in line with program goals
R	**Realistic**—20% increase in condom knowledge has been achieved before
T	**Time-based**—By the completion of the program

Aligned with:

☐ Recent sexual activity

☐ Number of sexual partners

☐ Frequency of sexual activity

✓ Contraceptive use and/or use consistency

☐ Sexual initiation and abstinence

☐ Pregnancy or birth

☐ STIs (including HIV)

BEHAVIOR OR INFLUENTIAL FACTOR	SMART DESIRED OUTCOME STATEMENT

Example 2:
Intention to practice abstinence

At the completion of the program, 80% of participants will report that they plan to abstain from sex for the next 90 days.

	SMART Checklist
S	**Specific**—Plans to abstain from sex for the next 90 days
M	**Measurable**—80% of participants at post-survey
A	**Achievable**—Abstinence promotion is in line with program goals
R	**Realistic**—Similar youth have achieved this desired outcome before
T	**Time-based**—By the completion of the program

Aligned with:

✓ Recent sexual activity

✓ Number of sexual partners

✓ Frequency of sexual activity

☐ Contraceptive use and/or use consistency

✓ Sexual initiation and abstinence

☐ Pregnancy or birth

☐ STIs (including HIV)

SMART DESIRED OUTCOMES TOOL

Completed by | Date

BEHAVIOR OR INFLUENTIAL FACTOR	SMART DESIRED OUTCOME STATEMENT

SMART Checklist	
S	
M	
A	
R	
T	

Aligned with:

☐ Recent sexual activity

☐ Number of sexual partners

☐ Frequency of sexual activity

☐ Contraceptive use and/or use consistency

☐ Sexual initiation and abstinence

☐ Pregnancy or birth

☐ STIs (including HIV)

BEHAVIOR OR INFLUENTIAL FACTOR	SMART DESIRED OUTCOME STATEMENT

SMART Checklist	
S	
M	
A	
R	
T	

Aligned with:

☐ Recent sexual activity

☐ Number of sexual partners

☐ Frequency of sexual activity

☐ Contraceptive use and/or use consistency

☐ Sexual initiation and abstinence

☐ Pregnancy or birth

☐ STIs (including HIV)

BEHAVIOR OR INFLUENTIAL FACTOR	SMART DESIRED OUTCOME STATEMENT

SMART Checklist	
S	
M	
A	
R	
T	

Aligned with:

☐ Recent sexual activity

☐ Number of sexual partners

☐ Frequency of sexual activity

☐ Contraceptive use and/or use consistency

☐ Sexual initiation and abstinence

☐ Pregnancy or birth

☐ STIs (including HIV)

Supplemental Information and Resources for GTO Step 2

BDI LOGIC MODELS: A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV and Other STDs
by Douglass Kirby (2004)

Why: This is a 56-page PDF document available for download that goes into more detail about how to use logic models for programs to reduce adolescent sexual risk-taking, pregnancy, HIV, and other STIs.

Where: http://recapp.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf

GTO Step 3—Best Practices

WHAT IS GTO STEP 3?

GTO Step 3 prompts you to consider choosing an EBP, which is a scientifically valid and rigorously tested program that research has shown to make a difference. In teen pregnancy and STI prevention, the difference could be delaying the age when a youth first has sex or improving the use of contraceptives. These days, funders often demand the use of an EBP. In this step, you will consider and examine key characteristics of EBPs so you can choose one that best addresses your needs, goals, and desired outcomes.

EBPs are often found in lists maintained by government or nonprofit agencies. The most important list for programs that prevent teen pregnancy and STI is maintained by OAH, which requires that a program make a difference in at least one of the seven outcome areas mentioned in previous chapters:

1. Recent sexual activity

2. Number of sexual partners

3. Frequency of sexual activity

4. Contraceptive use and/or use consistency

5. Sexual initiation and abstinence

6. Pregnancy or birth

7. STIs, including HIV.

WHAT DOES STEP 3 DO?

This step guides you through the assessment of evidence-based programs (EBPs) to identify the best-suited one for the health goal and desired outcomes you identified in GTO Step 2.

Updated in February 2015, OAH has a list of 37 EBPs. The following link is a PDF table outlining the key characteristics of each program (the table shows which of the seven outcomes discussed in this guide are successfully impacted by each program):

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/ebp-table.pdf

The OAH also has a database of EBPs that you can search based on the needs, goals, and desired outcomes developed in the first two GTO steps. The database has multiple search criteria, including seven outcomes discussed in this guide, and it can be accessed at the following link:

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

WHY IS GTO STEP 3 IMPORTANT?

EBPs are known to achieve outcomes (when run effectively), and this step ensures that you select an effective program well suited to your goals and desired outcomes. Using an EBP

- increases the likelihood of achieving goals and desired outcomes compared with creating a program yourself. In fact, with an EBP you know exactly what outcomes it has achieved and the influential factors it targets and can adapt these for your own implementation of the program.

- promotes confidence among funders and stakeholders that you are using the best approach possible

- usually comes with many features that newly created, untested programs do not have, such as manuals to guide the delivery of the program, tools to track outcomes and fidelity, and previous results about what outcomes to expect

- contributes to your good reputation and value story.

HOW DO I CARRY OUT GTO STEP 3?

Start by gathering information about the EBPs you are considering from the OAH web sites (listed earlier in this chapter) and become familiar with the programs. Use the Evidence-Based Program Checklist Tool to help you weigh how a specific program aligns with the goal and desired outcomes that you created in the Logic Model and the SMART Desired Outcomes tool in GTO Step 2, as well as the known characteristics of EBPs. Complete this tool for as many programs as you would like to consider. Using information in the completed tools, complete GTO Steps 4 and 5 to narrow your choices to one.

Evidence-Based Program Checklist Tool Instructions ⚒

1. Make plenty of copies of the tool. You will need a copy for each program under consideration.

2. Respond to each characteristic (yes or no) as to whether the health goal, influential factors, and behaviors targeted in the selected program match those you identified in GTO Steps 1 and 2.

3. Complete the column on the right for each characteristic. This will help you start thinking about issues of fit, which is addressed in GTO Step 4.

EXAMPLE CHECKLIST FOR EVIDENCE-BASED PROGRAM TOOL

Completed by John Smith

Date January 15, 2016

Program being considered ➔ Making Proud Choices

EVIDENCE-BASED PROGRAM FEATURES AND HOW THEY RELATE TO OUR NEEDS, INFLUENTIAL FACTORS, BEHAVIORS, HEALTH GOALS, AND/OR DESIRED OUTCOMES	DOES PROGRAM MATCH OUR NEEDS? YES/NO	WHAT WOULD WE NEED TO CHANGE TO MAKE THE PROGRAM FIT OUR NEEDS?
1. Focuses clearly on our identified health goals (i.e., STI/HIV and/or pregnancy prevention).	Yes	No changes needed
2. Focuses on the specific behaviors we have identified that lead to the health goals (i.e., 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.	Yes	No changes needed
3. Addresses the risk and protective factors we selected in GTO Step 2 (i.e., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy).	Yes	No changes needed
4. Provides necessary activities and materials for staff to create a safe social environment for youth to participate.	No	Need to set ground rules about appropriate sharing of personal information with parents and youth
5. Employs teaching methods to actively involve participants, help them personalize the information, and change each determinant.	Yes	No changes needed
6. Employs activities, instructional methods and behavioral messages appropriate to our target population's culture, developmental age, and sexual experience.	No	Need to adapt materials to our primarily Latino youth and families

CHECKLIST FOR EVIDENCE-BASED PROGRAM TOOL

Completed by	Date

Program being considered ➔

EVIDENCE-BASED PROGRAM FEATURES AND HOW THEY RELATE TO OUR NEEDS, INFLUENTIAL FACTORS, BEHAVIORS, HEALTH GOALS, AND/OR DESIRED OUTCOMES	DOES PROGRAM MATCH OUR NEEDS? YES/NO	WHAT WOULD WE NEED TO CHANGE TO MAKE THE PROGRAM FIT OUR NEEDS?
1. Focuses clearly on our identified health goals (i.e., STI/HIV and/or pregnancy prevention).		
2. Focuses on the specific behaviors we have identified that lead to the health goals (i.e., 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 the risk and protective factors we selected in GTO Step 2 (i.e., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy).		
4. Provides necessary activities and materials for staff to create a safe social environment for youth to participate.		
5. Employs teaching methods to actively involve participants, help them personalize the information, and change each determinant.		
6. Employs activities, instructional methods and behavioral messages appropriate to our target population's culture, developmental age, and sexual experience.		

GTO Step 4—Fit

WHAT IS GTO STEP 4?

Fit means that you have a good and close match between the designed program and your own:

- Target population and their needs: For example, if your target population is middle school, is the program you are considering intended for middle-schoolers?

- Community: For example, if the program you are considering emphasizes abstinence, but your community believes in contraception, will the community be supportive enough?

- Organization: For example, does the program you are considering fit your organization's values? Schedule?

GTO Step 4 helps you evaluate the extent to which the program you are considering is appropriate (i.e., a fit) for your community, organization, and youth target population. In this step, you will consider such things as culture, values and practices, organizational mission, and existing programs within the community. The purpose of assessing fit is to either avoid programs that do not fit well or improve fit by making adaptations.

A key feature of GTO Step 4 is making changes to the EBP you have chosen to improve its fit, often called adaptation. These changes need to be made very carefully. Change the program too much, and you will not get the outcomes promised by the program.

WHAT DOES STEP 4 DO?

This step provides a structure to determine whether the program you identified during GTO Step 3 is appropriate for your youth, organization, and community.

WHY IS GTO STEP 4 IMPORTANT?

You want to use the best program you can offer. Programs that do not have a good fit for any of the above reasons are less likely to be implemented well, and therefore are less likely to achieve the desired outcomes. Assessing fit before doing a program is important for several reasons:

- It increases the chances a program will be accepted by and good for the target population.

- It helps avoid duplication of services (do not start a program that overlaps an existing one).

- It helps avoid finding out later that the program failed because it was a mismatch (a poor fit) with your youth, your organization, and/or your community.

- When there are fit problems that cannot be resolved, a program should not be used.

- The fit assessment helps to select among several candidate programs.

HOW DO I CARRY OUT GTO STEP 4?

To assess the fit of the programs you are considering, use the two GTO Step 4 tools:

- **Program Fit Assessment Tool,** which will prompt you to consider how the program fits with your youth, organization, and stakeholders

- **Culturally Appropriate Program Checklist Tool,** which will encourage you to consider whether the activities involved in the program fit the culture of the youth you serve, including relevance, cultural sensitivity, and social infrastructure.

As you complete these tools, you will have to decide what adaptations, if any, to make to improve the fit of the chosen EBP. Visit the Administration for Children and Families website (http://www.acf.hhs.gov/sites/default/files/fysb/prep-making-adaptations-ts.pdf) for a short guide on tips for making appropriate adaptations without compromising program fidelity and negatively impacting program outcomes.This guide was developed by the U.S. Department of Health and Human Services for grantees receiving funds to carry out evidence-based TPP programs through the Personal Responsibility Education Program.

Program Fit Assessment Tool Instructions ⚒

1. Make as many copies of the tool as necessary for you and your co-workers to complete this tool.

2. Starting with No. 1 (literacy and/or education level?), work through the questions in the fit tool, answering yes or no in the appropriate columns. You may need to talk to several different people to get the answers (e.g., youth, parents, co-workers, supervisors, board members).

3. If no adaptations are needed, you can do the program "as is." If adaptations are needed, enter your ideas in the column labeled, "What adaptations can be made to increase fit?"

4. If adaptations are needed, figure out whether they are Green-light (OK to make), Yellow-light (be cautious), or Red-light (do not do it) Adaptations using the following guide:

Green-light Adaptations are considered safe, easy changes that can make a program better connect with the audience (i.e., to fit the program to the youth's culture and context). The adaptations do not change the influential factors addressed by the program. They are generally minor changes, such as adjusting the location of a role-play to one familiar to the participants. Tailoring minor elements to better reflect the population being served can improve most programs, and you should feel comfortable making such adjustments. In sum, green-light adaptations do not change what makes a program effective.

Yellow-light Adaptations are more complex, so you should proceed with caution. They often require expert assistance to avoid weakening the fidelity of the program. Before incorporating a yellow-light adaptation, you should get the advice of an expert in behavioral health and health education theory (e.g., a professor or another researcher). Substituting a video for one that fits more closely with your population and addresses the specific influential factor of the original video is an example of a yellow-light adaptation that must be made carefully and thoughtfully—preferably with the assistance of an expert.

Red-light Adaptations, such as reducing or eliminating major activities, can greatly weaken the program, and we strongly advise against making them. For example, programs often provide opportunities for youth to practice new skills as a critical step in changing behavior. You can expect positive outcomes only when the participants practice new skills for the full amount of time that the program states. Reducing or eliminating practice components is very likely to make the program less effective (e.g., removing a condom demonstration).

IMPORTANT: New guidance put out by OAH now states that BOTH yellow- and red-light adaptations are considered "Major Adaptations" that should be avoided, or at least discussed with an expert (green light is considered a "Minor Adaptation").

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/adaptations_for_tpp_programs.pdf

GREEN-, YELLOW-, AND RED-LIGHT PROGRAM ADAPTATIONS[a]

GREEN-LIGHT ADAPTATIONS

Updating and/or customizing statistics and other health information

Changing learning activities and instructional methods to make them appropriate to youth culture, developmental age, gender, and sexual orientation

Adding debriefing or processing questions

Making activities more interactive, appealing to different learning styles

Customizing role-play scenarios or other written documents (e.g., the use of wording more reflective of youth being served)

YELLOW-LIGHT ADAPTATIONS

Changing the order of sessions or sequence of activities

Adding activities to reinforce learning

Adding activities to address additional risk and protective factors

Modifying condom activities

Replacing or supplementing videos (with other videos or activities)

Using other models/tools that teach the same skill

Implementing the program with a different population (e.g., ethnic or cultural group)

Implementing the program in a different setting (e.g., school vs. after school)

Replacing games

RED-LIGHT ADAPTATIONS

Shortening a program (e.g., deleting an activity or whole session)

Reducing or eliminating activities that allow youth to personalize risk

Reducing or eliminating opportunities for skill practice

Removing condom activities

Reducing efforts put into classroom management

Eliminating risk and protective factors

Contradicting, competing with, or diluting program goals

Failing to repeat and reinforce key messages prescribed in the curriculum

Replacing interactive activities with lectures or individual work

[a] Lori Rolleri, Taleria Fuller, Regina Firpo-Triplett, Catherine Lesesne, Claire Moore, and Kimberly Leeks, "Adaptation Guidance for Evidence-Based Teen Pregnancy and STI/HIV Prevention Curricula: From Development to Practice," *American Journal of Sexuality Education*, Vol. 9, No. 2, May 2014, pp. 135–154.

Completed by John Smith	Date February 26, 2016

Program being considered ➔ Making Proud Choices

FIT WITH THE YOUTH'S OR YOUR ORGANIZATION'S . . .	FITS? YES/NO	WHAT ADAPTATIONS CAN BE MADE TO INCREASE THE FIT?
Literacy and/or education level?	Yes	No adaptations needed
Age?	Yes	No adaptations needed
Gender?	Yes	No adaptations needed
Culture?	No	For group of Latino youths, we could alter names and scenarios to reflect Latino culture while maintaining the key activities
LGBT?	No	Change names throughout curriculum to be gender-neutral
Special circumstances (e.g., foster care, juvenile delinquents)?	Yes	No adaptations needed
Mission?	Yes	No adaptations needed
Board support?	No	Need to present to board to ensure full support
Leadership support?	Yes	No adaptations needed
Context/setting (e.g., during school day in school setting, after school at community-based organization)?	Yes	No adaptations needed
Program dosage?	Yes	No adaptations needed
Other programs	Yes	No adaptations needed
Readiness for prevention intervention?	Yes	No adaptations needed
Priorities and values?	Yes	No adaptations needed

PROGRAM FIT ASSESSMENT TOOL

Completed by | Date

Program being considered ➜

FIT WITH THE YOUTH'S OR YOUR ORGANIZATION'S . . .	FITS? YES/NO	WHAT ADAPTATIONS CAN BE MADE TO INCREASE THE FIT?
Literacy and/or education level?		
Age?		
Gender?		
Culture?		
LGBT?		
Special circumstances (e.g., foster care, juvenile delinquents)?		
Mission?		
Board support?		
Leadership support?		
Context/setting (e.g., during school day in school setting, after school at community-based organization)?		
Program dosage?		
Other programs		
Readiness for prevention intervention?		
Priorities and values?		

Culturally Appropriate Programs Checklist Instructions ⚒

1. Make as many copies of the tool as necessary for you and your co-workers to complete this task.

2. Starting with No. 1 (Community Relevance), work through the questions in the checklist, answering "yes" or "no" in the appropriate columns. Again, you may need to speak with several different people to answer these questions.

3. If no adaptations are needed, you can do the program "as is." If adaptations are needed, discuss options for addressing any cultural issues not well addressed by the program. Enter your ideas in the column labeled, "If no, what adaptations are needed?"

EXAMPLE CULTURALLY APPROPRIATE PROGRAMS CHECKLIST TOOL

Completed by   John Smith   Date   February 26, 2016

Program being considered ➜ Making Proud Choices

	YES/NO	IF NO, WHAT ADAPTATIONS ARE NEEDED?
Community relevance Have you verified the relevance of the materials you plan to use with your target audience (i.e., applicable, understandable, specific)?	Yes	No adaptations needed
Informed review Have the materials been reviewed by members of the community or knowledgeable others?	Yes	No adaptations needed
Cultural sensitivity throughout Is the program culturally sensitive throughout and not just in certain sections?	No	Make slight changes to context of role plays to make them more culturally relevant, while retaining the core parts of the activity
Social infrastructure considerations Does the program take into account language, environment, values, and socioeconomic status of the community members in its materials and programming?	Yes	No adaptations needed
Staff experience Do your staff members have expertise working with the community?	Yes	No adaptations needed
Cultural competence training Have staff members received specialized training in cultural competence?	No	Train staff in the cultural competence skills needed to work with youth

CULTURALLY APPROPRIATE PROGRAMS CHECKLIST TOOL

Completed by	Date

Program being considered ➔

	YES/NO	IF NO, WHAT ADAPTATIONS ARE NEEDED?
Community relevance Have you verified the relevance of the materials you plan to use with your target audience (i.e., applicable, understandable, specific)?		
Informed review Have the materials been reviewed by members of the community or knowledgeable others?		
Cultural sensitivity throughout Is the program culturally sensitive throughout and not just in certain sections?		
Social infrastructure considerations Does the program take into account language, environment, values, and socioeconomic status of the community members in its materials and programming?		
Staff experience Do your staff members have expertise working with the community?		
Cultural competence training Have staff members received specialized training in cultural competence?		

GTO Step 5—Capacities

WHAT IS GTO STEP 5?

This step will help ensure that your program has the capacity necessary to deliver the program as it was intended. There are four types of capacities:

- Human capacities (i.e., enough people to do the program and cover the rest of the work)

- Expertise (i.e., having well-trained people who will deliver the program)

- Technical capacities (e.g., supplies, technical skills)

- Fiscal capacities (e.g., adequate funding, in-kind resources).

By assessing capacity first, you can avoid programs that you do not have the capacity to implement and make planning easier. Completing the Capacity Assessment Tool will help assess your organization's capacity and prompt you to make a plan for increasing capacity, if needed.

WHY IS GTO STEP 5 IMPORTANT?

Understanding your organization's capacity is important because

- your program cannot meet the goals and desired outcomes without adequate capacity to deliver the program as intended

- capacity helps determine whether all factors are in place to implement the program

- inadequate capacity, or resources, can cause added burden on staff and other programs, as well as poor program implementation.

WHAT DOES STEP 5 DO?

This step provides a structure to determine whether the program(s) you identified during GTO Step 3 can be carried out effectively with the knowledge, skills, and resources of your organization.

Capacity Assessment Tool Instructions ⚒

1. Make as many copies of the tool as necessary to complete this task. You will consider six areas of capacity:

   - Program facilitator

   - Other program staff

   - Board and other leadership

   - Technical

   - Fiscal and other resources

   - Partnership/collaboration

2. Go through each section in the tool and answer the questions about capacity, determine whether your organization's capacity is adequate, and then, as appropriate, explain your plan to increase capacity. You should be sure to add to the tool any additional specific capacities that are required in order to implement your program. For example, the SiHLE program requires an African-American female facilitator and a peer facilitator. If you were implementing SiHLE, you would want to list this as a needed capacity in the Capacity Assessment Tool.

3. If you discover that your organization lacks the necessary capacities to deliver your program with fidelity, it is important to brainstorm ways to build capacity in that area. For example, if program staff struggled with classroom management in the past, you may want to train them on classroom management techniques (see supplemental resources at end of this chapter and Appendix A). Or if program staff members lack up-to-date information on relevant topics you may want to share with them some background information, prior to implementing the program. This chapter's supplemental resources section contains up-to-date information on HIV/AIDS, STIs, teen pregnancy, contraception, and adolescent development, as well as tips for class management and staffing TPP programs. If you determine that your organization cannot deliver the program because of capacity challenges, it may be better to delay implementation of the identified program while you take time to build the capacities that may be lacking, or select another program.

| Completed by | John Smith | Date | February 26, 2016 |

Program being considered ➜ Making Proud Choices

PROGRAM FACILITATOR CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Do you have the number of adult and youth facilitators recommended for the program?	Making Proud Choices requires one facilitator per participant group of ten to 15 youths	Yes	No plans needed
Do your facilitators meet program qualifications, including education level, years of experience, and necessary communication skills?	Facilitators should have a minimum level of comfort with adolescent sexual health and the appropriate language used when leading activities related to this subject area	No	Facilitators will participate in a training on Making Proud Choices that will include a module on STIs, answering sensitive questions, managing challenging classroom behaviors, and, if necessary, basic anatomy
Are your facilitators comfortable enough with sexuality topics to effectively deliver the program with fidelity?	Facilitator should be comfortable and knowledgeable enough to lead a birth control and condom demo and address sexuality topics, such as STI and HIV	No	Training will be provided on answering sensitive questions, basic anatomy, etc. We will also identify local sexual health educators who may be able to fill in for staff who do not feel comfortable, even after the training
Have your facilitators received necessary training for working with youth (e.g., group facilitation, abuse and neglect reporting, and CPR)?	Facilitators should be trained in group management techniques, how to maintain appropriate boundaries, appropriate levels of self-disclosure, and abuse and neglect reporting	No	Training will be provided on effective communication and group management topics
Have your facilitators received sufficient training specific to the program?	Facilitators will receive three-day training on Making Proud Choices	Yes	No plans needed

OTHER PROGRAM STAFF

STAFF CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
What type of additional staff do you need to implement your program?	Administrative support to run copies of materials in advance of sessions	Yes	No plans needed
Do staff members have adequate qualifications?	Support staff should know how to make copies and get a hold of program facilitators, as needed	Yes	No plans needed
Have staff members received necessary training for their roles?	Administrative support has been briefed on Making Proud Choices timelines and their responsibilities	No	We will be briefing administrative staffers on the program, timelines, and their responsibilities

BOARD AND OTHER LEADERSHIP

LEADERSHIP CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
How committed is your organization leadership to the program?	Leadership is supportive of the implementation of the evidence-based curriculum to ensure effective distribution of staff time and resources to implement Making Proud Choices effectively	Yes	No plans needed
Does leadership support the program staff?	Program staff have appropriate time and resources to implement Making Proud Choices	Yes	No plans needed
Are there clear channels of communication between all leaders involved?	Regular updates are provided to leadership. Regular communication occurs between site directors and program facilitators	Yes	No plans needed
How comfortable are organization leaders (e.g., staff and board) with managing controversy and conflict?	Leadership is comfortable enforcing organizational policy for managing controversy both internally and externally	Yes	No plans needed
How competent or experienced are organization leaders with managing controversy and conflict?	Organization leaders have been trained in the organizational policy for managing controversy	Yes	No plans needed
Do the leaders involve staff members in decisionmaking when appropriate?	Staff have input into key processes and procedures used to implement Making Proud Choices (e.g., when/ where to hold sessions, documents and materials, parent meetings)	Yes	No plans needed
Is facilitation of organizational meetings effective?	Staff should be able to complete the activities required by the curriculum on time and feel comfortable with their implementation	Yes	No plans needed

TECHNICAL CAPACITIES

TECHNICAL CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Are any special materials needed to deliver the program?	Facilitator Curriculum Manual, DVDs, condoms, posters and activity materials	Yes	None
Do you need access to a computer or special computer programs?	Computer or DVD player to view videos associated with curriculum	No	Borrow a DVD player from our organizations other location
Does the program require other technical components?	None needed	N/A	No plans needed

FISCAL AND OTHER RESOURCE CAPACITIES

FISCAL AND RESOURCE CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Transportation	**Cost:** None	N/A	No plans needed
Printed materials (including curriculum)	**Cost:** $650	Yes	No plans needed
Staff training	**Cost:** $2,000–$3,000	No	Ask local foundation to help cover the training costs
Participant incentives	**Cost:** None	N/A	No plans needed
Food	**Cost:** $10 per session ($100 total)	N/A	No plans needed
Babysitting/sibling care	**Cost:** None	N/A	No plans needed
Number of volunteers	**Cost:** None	N/A	No plans needed
Equipment	**Cost:** None	N/A	No plans needed
Amount of space	**Cost:** None	N/A	No plans needed
Evaluation materials and efforts	**Cost:** None	N/A	No plans needed
Total Cost	**Cost:** $2,750–$3,750		

COLLABORATION/PARTNERSHIP CAPACITIES

COLLABORATION CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Which community partners are key to the success of the program?	Parents, local health professionals, teachers/coaches, and other staff implementing similar programs should be key partners	Yes	No plans needed
Which of these already provide support for programming?	Support from parents and local health professionals is needed to run the program successfully	No	Will hold an informational session at the feeder school with teachers/ coaches to inform them about the program
What other stakeholders in your community might support the program if asked?	Local health department staff may make a good partner	Yes	Will connect with the local health department to see whether it has staff that can help bolster capacity to do condom demonstration
What stakeholders in your community could hinder implementation?	Parents could hinder the implementation of MPC	Yes	We will continue to monitor throughout implementation

CAPACITY ASSESSMENT TOOL

Completed by			Date

Program being considered →

PROGRAM FACILITATOR CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Do you have the number of adult and youth facilitators recommended for the program?			
Do your facilitators meet program qualifications, including education level, years of experience, and necessary communication skills?			
Are your facilitators comfortable enough with sexuality topics to effectively deliver the program with fidelity?			
Have your facilitators received necessary training for working with youth (e.g., group facilitation, abuse and neglect reporting, and CPR)?			
Have your facilitators received sufficient training specific to the program?			

OTHER PROGRAM STAFF

STAFF CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
What type of additional staff do you need to implement your program?			
Do staff members have adequate qualifications?			
Have staff members received necessary training for their roles?			

BOARD AND OTHER LEADERSHIP

| LEADERSHIP CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
How committed is your organization leadership to the program?			
Does leadership support the program staff?			
Are there clear channels of communication between all leaders involved?			
How comfortable are organization leaders (e.g., staff and board) with managing controversy and conflict?			
How competent or experienced are organization leaders with managing controversy and conflict?			
Do the leaders involve staff members in decisionmaking when appropriate?			
Is facilitation of organizational meetings effective?			

TECHNICAL CAPACITIES

TECHNICAL CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Are any special materials needed to deliver the program?			
Do you need access to a computer or special computer programs?			
Does the program require other technical components?			

FISCAL AND OTHER RESOURCE CAPACITIES

FISCAL AND RESOURCE CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Transportation	Cost:		
Printed materials (including curriculum)	Cost:		
Staff training	Cost:		
Participant incentives	Cost:		
Food	Cost:		
Babysitting/sibling care	Cost:		
Number of volunteers	Cost:		
Equipment	Cost:		
Amount of space	Cost:		
Evaluation materials and efforts	Cost:		
Total Cost	Cost:		

COLLABORATION/PARTNERSHIP CAPACITIES

COLLABORATION CAPACITIES	PROGRAM CONSIDERATIONS/ REQUIREMENTS	OK?	PLAN TO INCREASE CAPACITY
Which community partners are key to the success of the program?			
Which of these already provide support for programming?			
What other stakeholders in your community might support the program if asked?			
What stakeholders in your community could hinder implementation?			
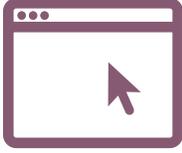
Supplemental Information and Resources for GTO Step 5

TIPS FOR MANAGING PROGRAM IMPLEMENTATION

OAH's "Five Things to Know About Staffing Teen Pregnancy Prevention Programs"

Why: Provides tips for staffing TPP programs, including tips on hiring and retaining staff, and staff development. TPP program staff are important to the success of an organization's programming.

Where: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/staffretention-tipsheet.pdf

OAH's Organizational Capacity Assessment for TPP

Why: This is a 10-page assessment of an organization's strengths and weaknesses.

Where: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/organizational capacity-assessment.pdf

Classroom Management

Why: A resource identifying techniques for managing potential classroom challenges with youth participants during program implementation in a classroom setting. Managing classroom behavior ensures youth participants will benefit fully from the program's activities.

Where: Appendix A

SEXUAL HEALTH INFORMATION PORGRAM STAFF SHOULD KNOW

Adolescent Development

Why: Fact sheet about the stages of adolescent development. This fact sheet can be used to inform staff of important adolescent developmental stages during program implementation.

Where: Appendix B

CDC's "Condom Fact Sheet"

Why: A two-page fact sheet containing medically accurate information about the effectiveness and proper use of condoms. This fact sheet can be used to educate staffers prior to program implementation and build their capacity to effectively deliver program activities related to condom knowledge and skills.

Where: http://www.cdc.gov/condomeffectiveness/docs/condomfactsheetinbrief.pdf

CDC's Library of Fact Sheets on Contraception

Why: These fact sheets provide medically accurate information about a variety of different methods of contraception.

Where: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm

CDC's Library of Fact Sheets on HIV/AIDS

Why: Fact sheets containing medically accurate information about HIV/AIDS. The fact sheets provide information about regional and population trends, testing, treatment, surveillance, prevention, co-infection (HIV/AIDS and other diseases), risk behaviors, transmission, and the CDC's role in HIV prevention.

Where: http://www.cdc.gov/hiv/library/factsheets/index.html

CDC's LIbrary of Fact Sheets on STIs

Why: Fact sheets containing medically accurate information about a variety of STIs in both English and Spanish. There are both brief and detailed fact sheets, and options to download high-resolution versions for commercial printing. Each fact sheet contains information about how the STI is spread, who is at-risk, what the signs and symptoms are, and available treatments.

Where: http://www.cdc.gov/std/healthcomm/fact_sheets.htm

GTO Step 6—Plan

WHAT IS GTO STEP 6?

Having completed Steps 1–5 and selected the program you plan to implement, you are now ready to develop the operations of your program. In this step, you will use the Work Plan Tool to create a detailed plan for running the program, which includes

- a written list of all program activities, from preparations through quality improvement at the end

- a timeline showing who, what, where, when, and how activities should be implemented.

You will also complete the Program Budget Tool to identify financial considerations associated with implementing and evaluating the program.

WHY IS GTO STEP 6 IMPORTANT?

GTO Step 6 is important because having a plan

- ensures that no key program tasks are left out

- improves teamwork and partner communication

- identifies the need for changes as things begin to run counter to the plan

- reduces lost time, wasted energy, and turmoil from staff turnover

- explains the scope of the program to people with an interest in the program.

Information from your plan also informs a key part of your Logic Model from Step 2.

WHAT DOES STEP 6 DO?

This step helps you make a detailed work plan for delivering and evaluating the program you identified during GTO Step 3.

With your program selected, fill in the major program activities, e.g., each lesson, in the left-hand column of the Logic Model Tool. Next, complete the GTO Step 6 Work Plan Tool. You may want to create a rough draft of the Work Plan as you gather the necessary information. When the tool is complete, ensure you have the required details in place to carry out the program activities you listed in the Logic Model Tool.

Work Plan Tool Instructions ⚒

1. Make as many copies of the tool as necessary for you and your co-workers to complete the task.

2. Gather the tools you developed in the five previous steps (e.g., assessments, logic model, outcome statements, fit and capacity assessments) so you can reference these tools.

Starting on the left, under Tasks, work your way down, completing implementation task details for your program. If possible, list program tasks in the order of occurrence to help you plan them out. Note: Tasks that are important to carry out in most programs have been included in the Work Plan Tool to help you map out specific implementation events. You may remove any tasks that are not relevant to your chosen program or organization and add tasks in the extra rows that may be important but not mentioned in the tool. Also included is a general timeline for completing the identified tasks—this may be adjusted as appropriate for your organization. "Prior to implementation" refers to the time before the exact start date of the first program session delivered. An "implementation cycle" means one full delivery of the program. We have placed a double asterisk (**) next to implementation tasks for which we have created sample tools, available in the supplemental resources section of this chapter.

3. When the draft is complete, distribute it to everyone involved in the implementation at your organization for feedback. Then finalize and redistribute the finished Work Plan.

4. Regularly review the plan while you implement the program to see that tasks have not been neglected. Fill in the "date completed" column when Work Plan activities are complete and update the tool as new tasks arise.

EXAMPLE WORK PLAN TOOL

Compiled by	John Smith	Date	February 26, 2016

Program ➜ Making Proud Choices (MPC)

TASKS: ADMINISTRATIVE	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Get board approval to run MPC	2/1/16	John	None	
Order MPC curriculum	2/28/16	John	Organization budget	
Order contraception samples for MPC	2/28/16	John	Organization budget	
Schedule MPC training for program staff	3/15/16	John	My organization, local foundation	
Acquire evaluation tools	3/20/16	John	Evaluation tools	

TASKS: POLICIES AND PROCEDURES	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Develop recruitment plan for MPC	4/5/16	John and organization director	None needed	
Ensure consent forms for participating youth have been signed	5/3/16	John	Consent form**	

TASKS: PROGRAM FACILITATION	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Hire program facilitators	2/28/16	John	Organization budget	
Train facilitators on MPC	3/31/16	MPC experts	Organization budget and foundation support	
Ask local health department staff to come and do the condom demonstration	3/15/16	John	None	
Have program facilitators review all program videos and/or materials in curriculum kit	5/3/16	Program facilitators	MPC curriculum	
Prepare materials needed for each MPC modules	Day before each scheduled program module Modules 1 and 2: 5/9/16 Modules 3 and 4: 5/16/16 Modules 5 and 6: 5/23/16 Modules 7 and 8: 5/30/16	Program facilitators	MPC curriculum	

TASKS: LOCATION AND MATERIALS	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Reserve space and equipment needed for MPC	3/15/16	John	None needed	
Purchase snacks for participating youth	5/3/16	John	Organization budget	
Test computer or DVD player	5/3/16	Program facilitators	None needed	
TASKS: RECRUITMENT AND RETENTION	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Develop recruitment and retention plan for MPC	3/1/16	John	None needed	
Hold orientation meeting with parents on MPC	3/15/16	John	Program introduction letter for parents,** parent meeting script,**parent information sheet,** MPC session summary**	
Notify eligible youth about upcoming program	3/5/16	John	None needed	
TASKS: IMPLEMENTATION	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Send consent forms home with youth whose parents did not attend orientation	3/20/16	John and program facilitators	None needed	
Collect consent forms	4/15/12	John and program facilitators	None needed	
Module 1 and 2	5/10/16	Program facilitators	None needed	
Module 3 and 4	5/17/16	Program facilitators	None needed	
Module 5 and 6	5/24/16	Program facilitators	None needed	
Module 7 and 8	6/1/16	Program facilitators	None needed	
TASKS: PROGRAM EVALUATION	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Complete attendance log for all MPC sessions	During every session	Program facilitators	Attendance roster**	
Complete fidelity monitoring log for all MPC sessions	After every session	Program facilitators	Fidelity monitoring log**	
Pre-test youth	5/3/16	Program facilitators	Pre-survey questionnaire,** pre/post session protocol**	

TASKS: PROGRAM EVALUATION	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Post-test youth	6/2/16	Program facilitators	Post-survey questionnaire,** pre-/post-session protocol**	
Review recruitment and retention process to determine whether any changes are needed	6/7/16	Program facilitators and organization director	None needed	
Review process and outcome evaluation data to determine what changes are needed to improve the program's performance and outcomes	6/14/16	Program facilitators and organization director	Process and outcome results summary**	
Adjust goals and outcomes and reassess fit and capacity in light of implementation	6/21/16	Program facilitators and organization director	GTO Step 2 SMART Desired Outcomes Tool GTO Step 9 CQI Review Tool	
Update work plan on lessons learned from program implementation	Following completion of each program implementation cycle	Program facilitators	GTO Step 6 Work Plan Tool	

WORK PLAN TOOL

Compiled by		Date		

Program →

TASKS: ADMINISTRATIVE	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Prepare budget for program implementation and associated expenses	6 months prior to implementation			
Complete job description for program facilitator	4 months prior to implementation			
Complete Memorandum of Understanding (MOU) with host site(s), if program implemented in an off-site facility	2 months prior to implementation			
Acquire program curriculum and materials, including evaluation survey	2 months prior to implementation			
Schedule program training for program staff	2 months prior to implementation			
TASKS: POLICIES AND PROCEDURES	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Develop recruitment plan for program	3 months prior to implementation			
Create parental consent form (if required)**	2 months prior to implementation			
Develop processes for including program in organizational activities (calendar for space utilization, reserve equipment for implementation activities, etc.)	2 months prior to implementation			
TASKS: PROGRAM FACILITATION	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Designate existing staff as program facilitator, or hire new staff	3 months prior to implementation			
Train facilitators on program	6 weeks prior to implementation			
Identify community support (if needed) for contraception information	1 month prior to implementation			

Review all program videos and/or materials in curriculum kit	1 week prior to implementation			
Prepare materials in advance of each program module	Day before each scheduled program module			

TASKS: LOCATION AND MATERIALS	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Confirm program implementation location (on-site or at a community-based organization)	2 months prior to implementation			
If needed, copy worksheets needed for program modules	1 week prior to implementation			
If needed, purchase participant incentives	1 week prior to implementation			
If needed, purchase snacks for implementation	1 week prior to implementation			
If needed, acquire and test audio/video equipment at the program delivery site	1 week prior to implementation			

TASKS: RECRUITMENT AND RETENTION	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
Develop recruitment and retention plan	2 months prior to implementation			
If needed, schedule parent meetings	6 weeks prior to implementation			
Notify eligible youth about upcoming program	6 weeks prior to implementation			
Collect parental consent forms (if needed)**	6 weeks prior to implementation through day of implementation			

TASKS: IMPLEMENTATION	**DATES (TIME FRAME) FOR COMPLETION**	**WHO IS RESPONSIBLE**	**WHERE WILL WE GET ANY RESOURCES WE NEED**	**DATE COMPLETED**
List each session of the program separately in each of the rows in this section	Dates of program delivery			

TASKS: PROGRAM EVALUATION	DATES (TIME FRAME) FOR COMPLETION	WHO IS RESPONSIBLE	WHERE WILL WE GET ANY RESOURCES WE NEED	DATE COMPLETED
Administer pre-survey	Prior to delivery of program's first module			
Administer post-survey	Immediately following completion of program's final module			
Complete fidelity monitoring tool	Following each program module			
Complete attendance roster	Beginning/end of each program module			
Review recruitment and retention process	Following completion of each program implementation cycle			
Review process evaluation data from relevant data collection tools: • Attendance roster • Fidelity logs	Following completion of each program implementation cycle			
Review outcome evaluation data (including pre- and post-survey data) and decide on what changes are needed to improve the program's performance and outcomes	Following completion of each program implementation cycle			
Adjust goals and outcomes and reassess fit and capacity in light of implementation; update work plan on lessons learned from program implementation	Following completion of each program implementation cycle			
Replenish program activity curricula kits as needed	Following completion of each program implementation cycle			

Program Budget Tool Instructions

1. Make as many copies of the tool as necessary for you and your co-workers to complete the task.

2. Enter the resources required to implement your program in each of the categories shown in the tool:

   • Personnel: You may have existing staff to fill the role of program facilitator; or, you may need to hire part-time staff. An example of how to calculate facilitator expenses is provided. Other personnel costs unique to your organization should be included in this section.

   • Travel: Expenses should include the cost of traveling to and from the site where the program is being conducted, travel costs associated with sending staff to the curriculum training, etc.

   • Materials and equipment: Expenses should include the program curriculum and any purchases needed to run the program (laptop or DVD player, projector, easels, etc.)

   • Supplies: Expenses may include flip chart paper needed for facilitating activities, markers, pencils, contraception kit, condom demonstrator models, condoms, etc.

   • Other costs: Expenses may include youth recruitment, retention incentives, transportation, etc.

   • Add extra lines or categories, if necessary. You may want to create a rough draft of the Program Budget Tool as you gather the information necessary to determine the costs of your program.

3. Subtotal the costs by category.

4. Enter a total cost on the line provided at the end of the tool.

5. When the tool is complete, distribute to everyone involved in program implementation.

6. Be sure to update your budget periodically to account for changing costs. You may also need to complete different budgets for subsequent years. For example, the equipment costs shown in our sample may be one-time costs only.

EXAMPLE PROGRAM BUDGET TOOL

Compiled by   John Smith   Date   February 26, 2016

Program ➜ Making Proud Choices

Item by Category	Calculation	Cost Estimate
PERSONNEL		
Two program facilitators	0.5 FTE ($10,800) per facilitator	$21,600
Personnel benefits for facilitators	$1,200 per facilitator	$2,400
Personnel Subtotal		$24,000
TRAVEL		
None needed		
Travel Subtotal		$0.00
PROGRAM MATERIALS AND EQUIPMENT		
Curriculum kit	$650	$650
DVD Player	$150	$150
Program Materials and Equipment Subtotal		$750

SUPPLIES		
Flip charts	$20 × 6 charts	$120
Food for youth	$10 session × 10 sessions	$100
Supplies Subtotal		$220
OTHER		
Staff training	$3,000 for up to 8 staff	$3,000
Other Subtotal		$3,000
TOTAL COST OF PROGRAM Sum of all category subtotals		**$28,570**

PROGRAM BUDGET TOOL

Compiled by		Date

Program →

Item by Category	Calculation	Cost Estimate
PERSONNEL		
Personnel Subtotal		$
TRAVEL		
Travel Subtotal		$
PROGRAM MATERIALS AND EQUIPMENT		
Program Materials and Equipment Subtotal		$

SUPPLIES		
Supplies Subtotal		$
OTHER		
Other Subtotal		$
TOTAL COST OF PROGRAM Sum of all category subtotals		$
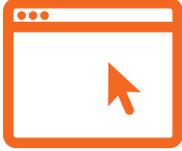
Supplemental Information and Resources for GTO Step 6

Program Information Letter for Parents

Why: Example of how to structure a parent letter introducing a TPP program to the parents of prospective youth participants. Your organization can create a similar letter to help recruit program participants.

Where: Appendix C

Parent Meeting Script

Why: Example of a script, with specific points to include, when conducting a meeting about a TPP program with parents of prospective youth participants. The parent meeting is a key venue to recruit program participants and answer questions from parents about the content of the program.

Where: Appendix D

Parent Consent Form

Why: Example of a consent form for youth participants of a TPP program. Parental consent is a key part of recruiting youth participants prior to program implementation.

Where: Appendix E

Parent Information Sheet

Why: Example of an information sheet about a TPP program (uses Making Proud Choices as an example) to be shared with parents of prospective youth participants as part of recruiting efforts. This example can be adapted to fit other programs. Summary information about the TPP program you plan to implement is helpful for parents to reference during participant recruitment activities.

Where: Appendix F

Session Summary for Parents

Why: Example of a detailed session summary for parents of youth participants to review in advance of a TPP program (uses Making Proud Choices as an example). Providing session information can be helpful to alleviate concerns and address parental questions while recruiting youth participants to the program.

Where: Appendix G

GTO Step 7—Process Evaluation

WHAT IS GTO STEP 7?

This step involves evaluating how well the program ran—did you implement the program according to your plan and how well did it go? This step is called "Process Evaluation" because collected data track the process of the program implementation, as opposed to the outcomes of the participants (GTO Step 8). Process evaluations typically track attendance of participants, fidelity for each session, and how well you followed your work plan. (Fidelity describes the faithfulness with which an evidence-based program is implemented. It includes implementing a program without removing parts essential to the program's effectiveness. This is also sometimes called compliance or adherence.) It may also involve asking about satisfaction of program participants or about staff's perception of how well the program was delivered. A process evaluation should be planned before the program begins and should continue while the program is running. Therefore, this step includes the Process Evaluation Planner Tool to plan for evaluation activities before the program starts and a Process Evaluation Summary Tool to interpret the results of your evaluation.

WHY IS GTO STEP 7 IMPORTANT?

The Process Evaluation tells you how well plans are being put into action, and helps routinely and systematically monitor areas important to making the program a success:

- recruiting participants
- individuals' attendance
- fidelity
- youth satisfaction
- staff perceptions.

WHAT DOES STEP 7 DO?

This step provides guidance on what to include in, and how to gather data for, a process evaluation, which tells you how well you delivered the program.

The Process Evaluation will also tell you whether you need to make mid-course corrections (e.g., improve attendance because attendance is weak) or changes to your work plan for your next program implementation. Such data will provide you with information that may be useful to funders and help you better understand your program's outcomes.

To do Step 7, complete the GTO **Process Evaluation Planner Tool**, carry out the data collection and analysis called for in your evaluation plan, complete the **Process Evaluation Summary Tool**, and consider changes needed to improve the program for the future based on your process evaluation results. If your program is run continuously, you will need to identify a time when you can make a change to how you run your program going forward. Changes for program improvement will be addressed in Step 9.

Process Evaluation Planner Tool Instructions ⚒

1. Make as many copies of the tool as necessary for you and your co-workers to complete this task.

2. Assign a person responsible for collecting the instruments, tools, and notes containing all the process information gathered in the course of the program. The person who takes on this role needs to be especially organized and reliable.

3. Your Logic Model Tool (GTO Step 2), Work Plan Tool (GTO Step 6), and program curriculum manual will help you complete the tool in this step.

4. Enter your Evaluation Methods and Data Collection Tools:

- *Program participant characteristics*, such as age and sex, can be gathered in the pre-survey. Sample questions are included in Appendix K.

- *Individual dosages of program participants* can be calculated from your attendance rosters. Rosters should be designed to capture percent of time that youth attend each session or module (100 percent, 75 percent, 25 percent, etc.). Then you can also sum how many of the sessions or modules each registered youth attended. A sample attendance roster is included in Appendix H.

- *Level of fidelity program* achieved may be determined by outside observers or program facilitators completing fidelity monitoring logs, checklists of required activities and core elements, or simple

notes about the delivery. EBPs often come with their own fidelity logs. Appendix I contains a sample that could be applied to multiple programs.

- *Participant satisfaction* may be determined through participant focus group discussions, general observations, or a post-program evaluation tool that asks open-ended questions. Some EBPs have their own satisfaction surveys you can adapt.

- *Staff perception* can be determined by asking staff questions about what they believed to be the successes, challenges, and opportunities related to the program's implementation.

- *Work plan adherence* can be determined by reviewing the initial Step 6 Work Plan to see how closely it was followed. This could include tracking the timeliness of carrying out various tasks or the extent to which you served the number of expected participants.

5. Enter the *Anticipated Schedule for Completion* of data collection (i.e., when the data will be collected and the frequency of collection).

6. Enter the *Person Responsible* for gathering the data. For example, the program facilitator may take attendance, the facilitator's supervisor may monitor fidelity, and the supervisor may ask staff about their perceptions of the program.

| Completed by | John Smith | | Date | March 15, 2016 |

Program → Making Proud Choices

	EVALUATION METHODS AND DATA COLLECTION TOOLS	ANTICIPATED SCHEDULE FOR COMPLETION	PERSON RESPONSIBLE
1. What were the characteristics of program participants?	Pre-survey	First day of program	Program facilitator
2. What were the individual dosages of the program participants?	Attendance roster	Attendance taken each day	Program facilitator
3. What level of fidelity did the program achieve?	Scores from observing program sessions; scores from self-report fidelity forms	Observations: the first and third sessions Self-report forms: every session	Observations: program director Self-report: program facilitator
4. How satisfied were the participants?	Post-session survey	Last day of the program	Program facilitator
5. What was the staff's perception of the program?	Interviews with staff	Following program completion	Program manager
6. How closely did the program follow the GTO Step 6 Work Plan?	Review of the Work Plan	Weekly during the program	Program facilitator

PROCESS EVALUATION PLANNER TOOL

Completed by

Date

Program →

	EVALUATION METHODS AND DATA COLLECTION TOOLS	ANTICIPATED SCHEDULE FOR COMPLETION	PERSON RESPONSIBLE
1. What were the characteristics of program participants?			
2. What were the individual dosages of the program participants?			
3. What level of fidelity did the program achieve?			
4. How satisfied were the participants?			
5. What was the staff's perception of the program?			
6. How closely did the program follow the GTO Step 6 Work Plan?			

Process Evaluation Summary Tool Instructions

1. Make as many copies of the tool as necessary for you and your co-workers to complete this step.

2. Ask the person(s) you identified to collect data in the Process Evaluation Planner Tool to provide the data for which they were responsible.

3. Enter data for each question on the Process Evaluation Summary Tool.

- Program participant characteristics describes the demographics of the program participants from these data (e.g., number of youth participants, male or female, ethnicity, and age).

- Individual dosages of program participants refer to attendance. You could calculate the percentage of youth who have perfect attendance (number with perfect attendance divided by all who participated), the overall attendance rate for the whole group (total number of sessions attended by all youth/total number of sessions the group could have attended) or the overall attendance for each session of the program (number of youth that attended session/total number of youth enrolled in program).

- Level of fidelity program achieved will depend on the fidelity measure you use. If using the sample provided in this guide, calculate the percentage of activities fully completed, partially completed, and not at all completed for each session. The sample fidelity tool gives further explanation about whether an activity was completed:

  a. Yes = Activity was completed as intended

  b. Only in Part = Activity was not completed, or was not done completely as intended

  c. No = Activity was not done or was done mostly wrong

- Participant satisfaction and staff perception of the process will also depend on the measure you are using. If using a measure that asks open-ended questions, look across the answers for general themes. If using a survey with defined answer choices, calculate averages or frequencies of the questions.

- Work plan adherence describes the percentage of activities that you skipped or failed to deliver based on your work plan.

| Completed by | John Smith | Date | June 7, 2016 |

Program → Making Proud Choices

1. What were the characteristics of program participants?	Three participants were age 11, three were 12, and two were 13. Four participants were male, and four were female. All eight participants were African-American.	

2. What were the individual dosages of the program participants?	8 participants total:
	  3 attended 100% of modules for an 8-module program
	  4 attended 50% (4 modules)
	  1 attended 13% (1 module)
	  Overall attendance rate: 64% (41/64)
	  Percentage who had perfect attendance: 38% (3/8)	

3. What level of fidelity did the program achieve?	Modules 1, 4, and 6 were observed.
	  Module 1: 75% (3 out of 4) of the activities were done in full
	  Module 4: 100% (5 out of 5) of the activities were done in full
	  Module 6: 66% (4 out of 6) of the activities were done in full	

4. How satisfied were the participants?	On the post-session survey, the participants had an average of between 4.5 and 5.0 (1 to 5 scale, 5 being the most satisfied) on all the items.	
5. What was the staff's perception of the program?	Staff believed that the program went well, but felt overwhelmed trying to keep participants from missing modules (i.e., calling parents to remind them to send their children). They wanted administrative help with that task.	
6. How closely did the program follow the GTO Step 6 Work Plan?	Staff followed about 75% of the activities they had laid out in the plan. Specifically, staff followed closely the parts of the work plan that addressed delivery of the certain modules on certain days. However, staff did not keep up with reminding parents and youth about upcoming modules to increase attendance.	

PROCESS EVALUATION SUMMARY TOOL

Completed by	Date

Program →

1. What were the characteristics of program participants?	
2. What were the individual dosages of the program participants?	
3. What level of fidelity did the program achieve?	
4. How satisfied were the participants?	
5. What was the staff's perception of the program?	.
6. How closely did the program follow the GTO Step 6 Work Plan?	
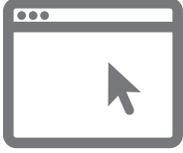
Supplemental Information and Resources for GTO Step 7

Attendance Roster Sample

Why: This tool allows you to monitor attendance of a program. You can use the tool to track whether the program is reaching the number and type of youth intended. It also tracks the number of sessions to which participants are exposed. This data can be used to make midcourse corrections—for example, sending out reminders to participants to attend. This sample can be adapted to many types of programs.

Where: Appendix H

Fidelity Monitoring Log

Why: This tool is used to monitor if program implementation is occurring as planned—specifically are program staff adhering to the curriculum (uses Making Proud Choices as an example) in the delivery of the program. If data collected indicate fidelity scores of early sessions are low, that data can be used to make mid-course process adjustments, such as providing additional training to improve implementation. This sample can be adapted to many types of programs.

Where: Appendix I

GTO Step 8—Outcome Evaluation

WHAT IS GTO STEP 8?

GTO Step 8 involves evaluating how well the program achieved the impact, or outcomes, as intended. Did the youth who participated in the program change on the desired outcomes, such as knowledge, attitudes, and behaviors? This step is called "Outcome Evaluation" because the collected data track the desired outcomes of the program, as opposed to the process of program delivery (GTO Step 7). It should be planned before the program begins and should have specific time points for data collection before and after the program has gone through a complete cycle.

GTO Step 8 contains two tools:

- The **Outcome Evaluation Planner Tool** will help you plan your Outcome Evaluation

- The **Outcome Evaluation Summary Tool** will help you interpret the results of your Outcome Evaluation.

When these are complete, you will be ready to undertake program improvement using GTO Step 9.

WHAT DOES STEP 8 DO?

This step helps with planning and using results from an outcome evaluation, which reveals how well you met the goals and desired outcomes you set for the program in GTO Step 2. With the results of the outcome evaluation, you can plan program improvements using Step 9.

WHY IS GTO STEP 8 IMPORTANT?

The purpose of Step 8 is to understand whether you have met the goals and desired outcomes established in GTO Step 2. Combined with the results of your Process Evaluation (GTO Step 7), this step will begin identifying program areas for improvement to help address those missed outcomes while maintaining achieved ones in an effort to improve the program. Outcome Evaluation results can help you demonstrate the effectiveness of your program to your funders and other stakeholders.

HOW DO I CARRY OUT GTO STEP 8?

In GTO Step 8, you need an evaluation design and a data collection and analysis plan, including a measurement tool (e.g., a pre-/post-survey); a target population to be measured (e.g., all the youth in the program); a timeline for when to collect the data from the pre-/post-survey; a plan for entering the collected data into a spreadsheet; and a plan for analysis to determine the change from pre to post. Outcome Evaluations can be complex and costly and are often intimidating for program staff. This guide is meant to assist with simple Outcome Evaluations. If you want to carry out more complicated Outcome Evaluations, you may need to get help from a trained program evaluator.

This guide includes a sample pre-/post-survey questionnaire and an Evaluation Data Workbook where you can easily enter the survey answers and obtain the results in a series of charts built into the workbook. The surveys and the workbook can be downloaded at http://www.rand.org/t/TL199.

A "design" is the Outcome Evaluation term for the type of evaluation you will conduct. The type of design guides when you collect data and from which groups. For example, a simple and inexpensive design uses a questionnaire to collect data from program participants just before you begin and after you complete the program (often called a "pre/post"). Another type of design called the pre/post with comparison group compares participating youth with a similar group of youth not receiving the program during the same time period. This way, you can be sure that any changes taking place in the youth getting the program from pre to post were real and not happening to all youth (i.e., if both groups improve the same amount, then the program did not have an effect). That is why this design is a stronger way to evaluate whether the program led to changes in knowledge, attitudes, or behaviors over time. How-

ever, this design is more complicated, so you may want to consult a program evaluator. Finally, sometimes you may only be interested in how youth did in a program at the end. Surveying youth only at the end is called a "post-only design." It is the easiest to do, but it is the weakest type because you have no information about how much change occurred before the program started.

In TPP programs, outcome survey questions typically measure youths' knowledge about condoms, STIs or HIV, attitudes toward abstinence, and behavioral intentions. Individual survey questions often are grouped together into topical categories called "scales." For example, the HIV Knowledge Scale may include multiple survey questions that assess whether a person understands how HIV is transmitted, who is most at risk for HIV, and what are the symptoms of HIV, among other things. Because each of these questions assesses a different type of HIV knowledge, they can be averaged together to form a scale. Then, the analysis of these data can also be done easily by scoring each scale, calculating the average for the group surveyed, and then comparing the pre- and post-scores.

Outcome Evaluation Planner Tool Instructions ⚒

This tool will help you plan how to carry out your outcome evaluation. While this tool allows you to create your own Outcome Evaluation survey items, we recommend that you choose evaluation tools that already have been created and used to evaluate TPP programs. The EBP you are using should have its own outcomes survey (e.g., Appendix K and L). With this tool, you can also choose your design (i.e., pre/post, pre/post with comparison group).

1. Make as many copies of the tool as necessary so that you have a row for each of your program's outcomes.

2. Check the appropriate boxes in 1–3 on the tool to indicate your evaluation design, data collection timing, and study population.

3. Review the desired outcomes statement from the SMART Desired Outcomes tool you completed in GTO Step 2 and put the names of each desired outcome on a row in Section 4 of this tool, e.g., improving condom knowledge.

4. Next, using your program's manual or Appendix K and L, identify the scales and/or survey questions that are relevant to each of your desired outcomes statements.

5. Select one scale, or set of survey questions, that can be used to measure each desired outcome. Enter the scale name you will use in the next column.

6. In the next column, indicate from where you are pulling the scale or questions, e.g., your program's survey.

7. In the last column, enter "All" if you are using all the items in the scale or the number of items from a scale that you will use.

8. With this tool completed, you can construct your survey questionnaire.

EXAMPLE OUTCOME EVALUATION PLANNER TOOL

| Completed by   J. Smith | Date 2/26/16 |

Program → Making Proud Choices

1. Evaluation Design: (check one)
   - ☑ Pre/post with comparison group   ☐ Pre/post   ☐ Post only

2. Data Collection Timing: (check all that apply)
   - ☑ Pre   ☑ Post   ☐ 3 months post   ☐ 6 months post

3. Population: (check one)
   - ☐ Program participants   ☑ Participants and comparison

4. Measures:

DESIRED OUTCOME	SCALE NAME	SOURCE OF SCALE	ITEMS TO INCLUDE
Improve condom knowledge	Condom Knowledge Scale	Program's survey	All
Improve condom use intentions	Intentions to Use Condoms Scale	Appendix K	All

OUTCOME EVALUATION PLANNER TOOL

Completed by	Date

Program →

1. Evaluation Design: (check one)
   ☐ Pre/post with comparison group   ☐ Pre/post   ☐ Post only

2. Data Collection Timing: (check all that apply)
   ☐ Pre   ☐ Post   ☐ 3 months post   ☐ 6 months post

3. Population: (check one)
   ☐ Program participants   ☐ Participants and comparison

4. Measures:

DESIRED OUTCOME	SCALE NAME	SOURCE OF SCALE	ITEMS TO INCLUDE

Outcome Evaluation Summary Tool Instructions

This tool helps interpret your survey data to see how much youth changed on the desired outcomes you measured. With this tool you can summarize your pre and post scores for your program participants and a comparison group (if you have one).

1. Make as many copies of the tool as you need.

2. Copy over scale names from the Outcome Evaluation Planning Tool.

3. Enter the results from your survey instruments in the remaining columns. If you have used the Evaluation Data Workbook, you can simply copy the results from the workbook to the tool and skip Nos. 4, 5, and 7 below.

4. Calculate the pre-test averages for the participants ("Program") in two parts:

   • First, calculate averages for each participant on each scale: For each participant, add the item scores for the scale together, then divide by the number of items in the scale.

   • Second, calculate averages across all participants for each scale: For each scale, add the average scale scores for each participant together, then divide by the number of participants. Place this final number into the pre-test score column of the tool in the space labeled "Program."

5. Repeat the same procedure to generate post-test averages.

6. If you have data for a comparison group, you will need to calculate pre- and post-test averages for each scale as in Nos. 4 and 5, and enter them into the tool in the space labeled "Comp" (below the participants' scores).

7. For each scale, calculate the percentage change from the pre to post averages:

   • Subtract the pre-test from the post-test average

   • Divide the result by the pre-test average

   • Convert to a percentage (you can do this by multiplying by 100).

8. If you used a comparison or control group, calculate the percentage change for that group as well (for each scale), and enter it in the appropriate column.

9. Briefly summarize the meaning of each result in "Interpretation" column. For example, if there is a 50-percent increase in condom knowledge among the program participants but only a 10-percent increase in the comparison group, you might interpret this greater positive change as a result of the program.

Compiled by   J. Smith

Date   6/14/16

Program → Making Proud Choices

SCALE NAME	PRE-TEST SCORE	POST TEST SCORE	PERCENTAGE CHANGE [(POST-PRE)/PRE]	INTERPRETATION
Condom knowledge (percent correct)	Program: 50	Program: 75	50% (75–50)/50	The program participants improved their knowledge over time more than the comparison group
	Comp: 50	Comp: 55	10% (55–50)/50	
Condom intentions (scale that goes from 1 = do not intend to use condoms to 5 = will use condoms all the time)	Program: 2.5	Program: 4.0	60% (4.0–2.5)/2.5	The program [deleted group because duplicative with participants] participants improved in how much they intend to use condoms over time more than the comparison group.
	Comp: 2.3	Comp: 2.5	8% (2.5–2.3)/2.3	
	Program:	Program:		
	Comp:	Comp:		
	Program:	Program:		
	Comp	Comp:		
	Program:	Program:		
	Comp:	Comp:		
	Program:	Program:		
	Comp:	Comp:		
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	Comp:	Comp:		
	Program:	Program:		
	Comp:	Comp:		
	Program:	Program:		
	Comp:	Comp:		

OUTCOME EVALUATION SUMMARY TOOL

Compiled by	Date

Program →

SCALE NAME	PRE-TEST SCORE	POST TEST SCORE	PERCENTAGE CHANGE [(POST-PRE)/PRE]	INTERPRETATION
	Program:	Program:		
	Comp:	Comp:		
	Program:	Program:		
	Comp:	Comp:		
	Program:	Program:		
	Comp:	Comp:		
	Program:	Program:		
	Comp	Comp:		
	Program:	Program:		
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	Program:	Program:		
	Comp:	Comp:		

Supplemental Information and Resources for GTO Step 8

CDC's "Data Collection Methods for Program Evaluation: Questionnaires"

Why: A two-page brief that offers tips for developing a survey questionnaire and obtaining a favorable response rate. Ensuring survey questions are clear and reliable and that you have a favorable response rate increases the usefulness and validity of your outcome evaluation.

Where: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief14.pdf

Pre-post Survey Session Protocol

Why: Provides an example and details the process for conducting a group survey session with youth participants in a TPP program. Surveys administered before and after a program can be used to gauge change over time as a result of the program.

Where: Appendix J

Pre-survey Questionnaire

Why: Sample of a pre-survey questionnaire for youth participants to complete prior to participating in a TPP program. The pre-survey contains questions about abstinence, condoms, and contraception that have been found to show change in many evidence-based TPP programs. It is annotated to show scales. A pre-survey provides a "starting point" or baseline for outcomes. This baseline is needed to determine how much youth outcomes change as a result of the TPP program.

Where: Appendix K

Post-survey Questionnaire

Why: Sample of a post-survey questionnaire for youth participants to complete immediately following the conclusion of a TPP program. Like the pre-survey, the post-survey has the same questions about abstinence, condoms, and contraception. A post-survey is used to detect changes or outcomes since baseline that may be attributable to the TPP program.

Where: Appendix L

Evaluation Data Workbook

Why: This is an Excel workbook already set up to receive data from completed pre- and post-surveys (Appendix K and L) and preprogrammed to calculate scores. All you need to do is enter the codes corresponding to the survey answers for each participant who completed the pre-survey and each participant who completed the post-survey. This workbook will produce results for pre and post in easy-to-read graphs.

Where: The workbook can be downloaded (Excel software required) from the RAND website where the surveys and other tools are also available, http://www.rand.org/t/TL199.

GTO Step 9—Continuous Quality Improvement (CQI)

WHAT IS GTO STEP 9?

Step 9 will help you use your process and outcome evaluation data to determine what worked well, where there is room for improvement, and what changes may be needed the next time you run the program.

GTO Step 9 contains one tool:

- The *CQI Review Tool* will help you create a snapshot of your program's successes and shortcomings and prompt you to identify necessary improvements.

WHY IS GTO STEP 9 IMPORTANT?

CQI takes advantage of what you have learned over time from evaluation to improve the program for the future without starting over from the beginning. It puts the investment made in evaluation to work by using the results to make changes and understand their effects for the next time you run the program. It helps all staff involved to keep your program fresh and a good fit for your participants, your organization, and your community. CQI is becoming a part of routine operations in many health and social services organizations and can be applied across all programs, representing an emphasis by the organization on quality of services.

WHAT DOES STEP 9 DO?

This step provides a framework for use when applying process and outcome evaluation data to making program improvements.

The CQI Review Tool will prompt you to summarize your evaluation data and work back through GTO Steps 1 to 8 as you assess what went well and what should be improved. You will evaluate whether you met the goal and desired outcomes you created in GTO Step 2 using the results from your process and outcome evaluations. This will prepare you to decide how to revise your goals and desired outcomes, reassess fit and capacity, and revise your work plan for the next program implementation. An important next step is to assess whether the changes you make will prove effective.

CQI Review Tool Instructions ⚒

1. Make as many copies of the tool as necessary for you and your co-workers to complete this task.

2. Assign a person responsible for collecting the completed GTO tools, including the notes containing all of the process and outcome evaluation data gathered in the course of the program. You also will need your TPP program manual to help you complete this tool.

3. Complete Priorities for Action section (1)

- Use materials gathered and generated in GTO Step 1 (Needs and Resources Assessment) to enter your program's information in the "Need" column.

- Using the SMART Desired Outcomes Tool from GTO Step 2 (Goals and Desired Outcomes), enter the Desired Outcome Statement associated with each need.

4. Using Outcome Evaluation data

- From your interpretation of the results in your Outcome Evaluation Summary Tool (GTO Step 8), check the impact on each of the SMART Desired Outcomes (reached, missed, or exceeded). Then indicate whether there was any change from the pre- to post-survey and, if change occurred, whether it was positive or negative.

- Finally, determine whether any further action is needed (yes or no). Further action may be needed if you did not reach your desired outcome or if you believe there is room for improvement.

5. Complete Process Evaluation section (2)

- Using your GTO Step 7 Process Evaluation Summary Tool, complete the fields describing program dates and target population. The lettered fields are asking for (A) total target population, (B) total number of participants who attended at least one session, (C) total number of participants who attended every session, and (D) total number of participants included in the process evaluation. You can then calculate the percentage of your target population who actually attended (D ÷ A) and then the percentage of actual participants included in the evaluation (D ÷ B).

6. Complete Planning Program Improvements section (3)

- Once you know more about what has worked and not worked, you can make decisions about changes to make before the program is implemented again. The questions in this section prompt you to review past GTO steps. If your answers suggest changes are needed, it might require you to rework tools from previous steps. For example, if you need to change your goal or desired outcomes, it may require changes to the scales in your Outcome Evaluation Survey. If you decide you need to make changes in any GTO step, go back and update the relevant GTO tool. Answer each of the questions honestly and, where needed, create strategies for improvement for your next implementation.

| Compiled by J. Smith | Date 11-15-16 |

Program → Making Proud Choices

1. Priorities for Action

NEED	DESIRED OUTCOME STATEMENT	OUTCOME EVALUATION RESULT	ACTION NEEDED? YES/NO
Condom knowledge	By the end of the program, participants will have increased their condom knowledge by 20%	Progress on desired objective: ☑ Reached ☐ Missed ☐ Exceeded Change: ☑ Positive ☐ Negative ☐ None	No
Condom intentions	By the end of the program, the percentage of participants with intentions to use condoms in the next 90 days will have increased by 30%	Progress on desired objective: ☐ Reached ☑ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☑ None	No
		Progress on desired objective: ☐ Reached ☐ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☐ None	
		Progress on desired objective: ☐ Reached ☐ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☐ None	

2. Process Evaluation

DATES AND PARTICIPATION TARGETS

Program dates: 1/15/16 to 3/15/16

A. Total target population: 30	Age/Grade: Grades 6, 7, 8

Other characteristics: Half male, all African-American, most receive free and reduced school lunches

ATTENDANCE AND FIDELITY

B. Total program participants who attended at least one session: 20

C. Total who attended every session: 10

What level of fidelity did you achieve (offer activities according to program requirements) and what evidence do you have to document this level of fidelity?

The fidelity was high. We documented that 80% (12 out of 15 activities observed) were delivered in full.

PROCESS EVALUATION RESULTS	DIVIDE THE TOTAL AT D BY THE TOTAL AT A	DIVIDE THE TOTAL AT D BY THE TOTAL AT B
D. Total participants in evaluation: 12	% of target: 40.0% (D ÷ A × 100)	% of actual: 60.0% (D ÷ B × 100)

Evaluation participants (check all that apply):

☑ Facilitators or staff ☐ Participants (all) ☑ Participants (some)

☐ Others _____

How well does the evaluation represent the population served? (check one):

☐ Not at all well ☑ Somewhat well ☐ Very well

3. Planning Program Improvements

STEP-BY-STEP REVIEW	RESPONSE	CHANGES FOR THE NEXT TIME?
Do we need to do another needs assessment? (GTO Step 1) How relevant and current to our participants are the data?	No. The need for teen pregnancy prevention still exists.	None
Do we need to change goals and desired outcomes or potential participants? (GTO Step 2) Target different behaviors? Address other determinants (see logic model)?	No. The goals and desired outcomes are still relevant.	None
Should we consider another EBP? (GTO Step 3) Or are there other improvements we need to make?	No. The program was a good choice.	None
Does the program still philosophically and logistically fit our organization, stakeholders, and participants? (GTO Step 4) If not, why not? What adaptations could be made?	Yes. May need to look into delivering it at times that better fit the schedule of target youth.	Yes
Do we have the resources and capacities to do the program well? (GTO Step 5) Has there been a shift in resources? Are new staff capacities needed?	Likely. We will need to get administrative help in reminding parents and youth about attending.	Yes
Were we able to follow the plan? (GTO Step 6) Was anything missing? What changes did we make?	No. Had to change the schedule.	Yes, add incentives and set schedule to avoid conflicts
How well did we implement the program? (GTO Step 7) Did we implement the program with fidelity? What are the main conclusions from the process evaluation?	The program was implemented with high fidelity, but attendance was low.	Yes, improve attendance
How effectively did the program help us reach our desired outcomes? (GTO Step 8)	We met one outcome (condom knowledge), but not the other (condom intentions).	Yes, better attendance should lead to more improvement

Compiled by			Date

Program →

1. Priorities for Action

NEED	DESIRED OUTCOME STATEMENT	OUTCOME EVALUATION RESULT	ACTION NEEDED? YES/NO
		Progress on desired objective: ☐ Reached ☐ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☐ None	
		Progress on desired objective: ☐ Reached ☐ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☐ None	
		Progress on desired objective: ☐ Reached ☐ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☐ None	
		Progress on desired objective: ☐ Reached ☐ Missed ☐ Exceeded Change: ☐ Positive ☐ Negative ☐ None	

2. Process Evaluation

DATES AND PARTICIPATION TARGETS

Program dates:

A. Total target population:	Age/grade:

Other characteristics:

ATTENDANCE AND FIDELITY

B. Total program participants who attended at least one session:

C. Total who attended every session:

What level of fidelity did you achieve (offer activities according to program requirements) and what evidence do you have to document this level of fidelity?

PROCESS EVALUATION RESULTS	DIVIDE THE TOTAL AT D BY THE TOTAL AT A	DIVIDE THE TOTAL AT D BY THE TOTAL AT B
D. Total participants in evaluation:	% of target: (D ÷ A × 100)	% of actual: (D ÷ B × 100)

Evaluation participants (check all that apply):

☐ Facilitators or staff   ☐ Participants (all)   ☐ Participants (some)

☐ Others _____

How well does the evaluation represent the population served? (check one):

☐ Not at all well   ☐ Somewhat well   ☐ Very well

3. Planning Program Improvements

STEP-BY-STEP REVIEW	RESPONSE	CHANGES FOR THE NEXT TIME?
Do we need to do another needs assessment? (GTO Step 1) How relevant and current to our participants are the data?		
Do we need to change goals and desired outcomes or potential participants? (GTO Step 2) Target different behaviors? Address other determinants (see logic model)?		
Should we consider another EBP? (GTO Step 3) Or are there other improvements we need to make?		
Does the program still philosophically and logistically fit our organization, stakeholders, and participants? (GTO Step 4) If not, why not? What adaptations could be made?		
Do we have the resources and capacities to do the program well? (GTO Step 5) Has there been a shift in resources? Are new staff capacities needed?		
Were we able to follow the plan? (GTO Step 6) Was anything missing? What changes did we make?		
How well did we implement the program? (GTO Step 7) Did we implement the program with fidelity? What are the main conclusions from the process evaluation?		
How effectively did the program help us reach our desired outcomes? (GTO Step 8)		

Supplemental Information and Resources for GTO Step 9

Promoting Success: A Getting To Outcomes® Guide to Implementing Continuous Quality Improvement for Community Service Organizations

Why: A comprehensive guide for conducting CQI in a GTO framework. Making CQI an integral part of an organization's operation has proven effective in many organizations.

Where: http://www.rand.org/pubs/tools/TL179.html

CHAPTER TEN

GTO Step 10— Sustainability

WHAT IS GTO STEP 10?

This step will help you think through whether and how you can continue to deliver your program over time so that you reach the goal and desired outcomes established during GTO Step 2. Sustainability involves a deliberate effort to integrate the core elements of the program into the routine of your organization. This may include difficult discussions with staff and stakeholders about what to change and/or discontinue if programming is not meeting established goals.

GTO Step 10 contains one tool—the Sustainability Review tool. However, you will rely heavily on many of the tools from GTO Steps 1–9 to guide your discussions about sustainability efforts and completion of this tool.

Two important questions to consider during this step:

1. What is working that should be sustained?

2. How do we sustain activities that should continue?

WHY IS GTO STEP 10 IMPORTANT?

First, if the original problem still exists, youth still need your TPP program. By sustaining it, the organization and the youth will continue to get benefits from the large investment in starting the program. Sustaining effective

WHAT DOES STEP 10 DO?

This step guides you through some questions to consider when making decisions about whether your organization should continue a program.

programs maintains the positive feelings your successful program generated among member families, community, and funders and adds to your reputation for delivering quality, evidence-based programing.

Like planning to deliver program modules, sustainability should also be thoughtfully planned. The following are suggestions for improving sustainability that could be included in a sustainability plan.

- Program effectiveness: By creating and maintaining high visibility of programs that are showing positive results (through publicizing the activities and positive evaluation results of your program), you can establish a reputation for effectiveness and increase your program's likelihood of being sustained.

- Program financing: Programs that rely completely on a single source of funds are more vulnerable. Taking the following actions can improve your chances of sustaining your program: (1) plan initially for eventual funding cutbacks; (2) cultivate additional resources while the program is ongoing (e.g., in-kind costs or low fees for services); and (3) adopt an entrepreneurial spirit in seeking additional support.

- Training: Programs that incorporate and train people with ongoing jobs in an organization are more likely to have lasting effects. These employees can continue to provide programming, train others, and form a constituency to support the program. The more people who are trained in an organization, the more likely the organization will be able to continue the program, even in the face of staff turnover. Keep in mind that, if the only people who operated the program were those fully funded by the program grant or contract, no one would be left to carry on any of its useful components when the grant or contract funding was exhausted or those staffers leave.

- Institutional strength: The strength of the institution implementing the program is related to sustainability. Institutional strengths include goal consistency between the institution and the program, strong leadership and high skill levels, and mature and stable organizations.

- Integration with existing programs or services: Programs that are "stand-alone," or self-contained, are less likely to be sustained than programs that are well integrated with the host organization(s). In other words, if the program does not interact and integrate with other programs and services, it will be easier to cut when the initial funding ends. Therefore, program personnel should work to integrate their programs rather than to isolate and guard them.

- Program champions: Program sustainability is politically oriented and can depend on generating goodwill for the program's continuation. Goodwill often depends upon obtaining an influential program advocate or "champion." This person can be internal to the organization (e.g., a high-ranking member of the organization) or external (e.g., the local superintendent of schools or a city council member).

- Direct oversight: Simply put, a program will more likely continue when a staffer is directly assigned to manage it and knows that his or her supervisor will be asking about its progress.

HOW DO I CARRY OUT GTO STEP 10?

Like Step 9, Step 10 involves a global or comprehensive review of 1) what you have done to date and 2) what you will do in the future to promote the program's sustainability. In this section, you will address these questions, record your answers, and indicate the next steps to sustain your TPP program.

Sustainability Review Tool Instructions

1. Make as many copies of the tool as necessary for you and your co-workers to complete this task. The tool can be completed individually or as a group with one person as the recorder.

2. Assign a person responsible for collecting the completed GTO tools, including notes containing the process and outcome evaluation data gathered in the course of the program. You will also want any written guidance (i.e., the manual) that came with your chosen TPP program to help you complete this tool.

3. Follow the questions and the guidance provided in each row. By answering each question, you will address what you have done to date and how you want to do things in the future.

Compiled by   J. Smith | Date 8/1/16

Program ➔   Making Proud Choices

QUESTIONS (USE YOUR GTO TOOLS AS YOU ASK THESE)	ANSWERS (FILL IN FOR FUTURE REFERENCE)	NEXT STEPS
Does the need for TPP program continue with our kids? Consider whether your members or the need for TPP program have changed or remain the same; are there any new concerns?	**Yes or No, then explain** Yes. New youth entering into middle school still need the program according to recent CDC data.	**Explain the need or N/A** Continue to recruit new youth.
Are our results good enough to continue doing TPP program? Look at your results and determine the program's impact on the youth participants.	**Yes or No, then explain** Yes. The program improved condom knowledge and, with better attendance, should improve condom intentions.	N/A
What particular result can we use to justify TPP program? Any goal or desired outcome that you achieved may be a good "result" to share with stakeholder to justify the program. Any dramatic improvement shown by your data is another possible "result" you may want to share. Look at the Goals and CQI tools to see what desired outcomes were reached or exceeded.	The program improved condom knowledge, and better knowledge is key to higher use of condoms.	Prepare a short summary for stakeholders about what our program achieved on condom knowledge.
What should we change about the way we do TPP program? Using the data reports and the CQI tool from GTO Step 9, think about the process—recruitment, enrollment, attendance, logistics, etc.—and consider whether one or more of these activities could be strengthened or changed to be a better fit for your site and staff.	Attendance needs to be improved.	Plan to get administrative help in reminding parents and youth when modules are happening.
Who knows TPP program and supports keeping it going here? Consider which individuals are champions of this program—i.e., influential people who really like the program—and are enthusiastic about it, including leadership. Should somebody else be brought on? Who is going to take the lead?	The facilitator and program manager support the program. Some parents have stated they like having their children learn about this content.	Our board does not know much about the program. Plan to update them.
Are the GTO tools completed and available to use in the future? You need access to the completed GTO tools. This could mean getting electronic and paper copies from the person who completed them.	**Yes, No or Need Work, and explain** Yes. All tools are currently saved in the main office computer.	Make copies of the completed tools and put the latest versions in a binder that the facilitator can carry.

WHAT WE HAVE DONE IN THE PAST

Compiled by J. Smith	Date 8/1/16

Program ➜   Making Proud Choices

	SUSTAINABILITY QUESTIONS	ANSWERS	NEXT STEPS
WHAT WE WILL DO IN THE FUTURE (1 of 2)	**Where will the GTO tools, TPP program evaluation CD and DVD, and the program manual be kept?** Decide who will have access to them and consider how this is the same or different from other program materials at your site. Where do you currently keep them?	All tools are currently saved in the main office computer. Hardcopy materials also will be stored in the main office, consistent with practice for other program materials. The program facilitator and program manager will have access like they have to other materials at the organization.	Should make copies of the completed tools and put the latest versions in a binder that the facilitator can carry with him or her.
	Who will be in charge of making TPP program happen? Also, think about who is trained to be the facilitator, how that decision was made, and what supervision is necessary.	As in the past, the program facilitator will be in charge, under the supervision of a program manager. The facilitator will update the program manager weekly about progress in planning (before doing the program), delivering, and evaluating the program.	It will be good to train one more staff person in the program to serve as backup.
	Who else is in favor of and needs to be involved in keeping TPP program going? Think about the staff, leadership, board members, and the community of youth and parents.	The administrative staff and parents are in favor of the program.	The board needs to support the program.
	Who will do the evaluation, pre-/post-survey, tracking attendance, and monitoring fidelity? When, how often, and to whom will the results be reported? Think about who could lead these activities (one person or more; staff or an outside group). Think about how to organize the results and who needs to see them.	The program facilitator will collect all the survey data (pre and post), the satisfaction data, and attendance data. The program manager will conduct observations for fidelity ratings. The administrative staff will enter the data into an Excel spreadsheet. The program facilitator will present the results to the program manager a few weeks after the program is over. The program manager will take the results to upper leadership and then the board.	Need to ensure the program facilitator, manager, and administrative staff have sufficient time to carry out the evaluation tasks.

WHAT WE WILL DO IN THE FUTURE (2 of 2)	**How much funding, if any, do we need for running TPP program?** Are there resources besides funds that are needed to run program well (e.g., for recruitment, good attendance, supplies)?	**Itemize and Total** • snacks • room space • paper for recruitment letters • staff time to recruit and do reminders • staff time to plan, deliver, and collect data on program • staff time to do fidelity observations	Organization has resources for most of these tasks. Will need to ensure that there is sufficient staff time set aside.
	When will we run TPP program again? And when will we revise GTO Step 6, Work Plan? Consider the different times of year or days/times of the week, and what worked best in the past. Think about lead-time needed to look back at the GTO Work Plan and revise it for the future.	Options include • the same time as last time • over either spring or Christmas breaks	Need to poll parents to see when their children would participate the most.
	How can we keep staff trained in TPP program? The more staff trained, the more likely you will be able to continue TPP program. Look back at the TPP program materials and what is required of facilitators. Consider who could be trained and who would be responsible for sharing the training videos.	Need to train as many staff in the program as possible. Options include • have currently trained staff, train new staff, and have the new staff observe modules being implemented • keep a look out for free trainings • look for online trainings that are available, e.g., www.groupMIforTeens.org or http://choicetrainervideos.blogspot.com (this website has a training on motivational interviewing, which is a good set of skills to have for many programs)	Add the training of new staff to the GTO Work Plan.

Compiled by	Date

Program ➔

	QUESTIONS (USE YOUR GTO TOOLS AS YOU ASK THESE)	ANSWERS (FILL IN FOR FUTURE REFERENCE)	NEXT STEPS
WHAT WE HAVE DONE IN THE PAST	**Does the need for TPP program continue with our kids?** Consider whether your members or the need for TPP program have changed or remain the same; are there any new concerns?	**Yes or No, then explain**	**Explain the need or N/A**
	Are our results good enough to continue doing TPP program? Look at your results and determine the program's impact on the youth participants.	**Yes or No, then explain**	
	What particular result can we use to justify TPP program? Any goal or desired outcome that you achieved may be a good "result" to share with stakeholder to justify the program. Any dramatic improvement shown by your data is another possible "result" you may want to share. Look at the Goals and CQI tools to see what desired outcomes were reached or exceeded.		
	What should we change about the way we do TPP program? Using the data reports and the CQI tool from GTO Step 9, think about the process—recruitment, enrollment, attendance, logistics, etc.—and consider whether one or more of these activities could be strengthened or changed to be a better fit for your site and staff.		
	Who knows TPP program and supports keeping it going here? Consider which individuals are champions of this program—i.e., influential people who really like the program—and are enthusiastic about it, including leadership. Should somebody else be brought on? Who is going to take the lead?		
	Are the GTO tools completed and available to use in the future? You need access to the completed GTO tools. This could mean getting electronic and paper copies from the person who completed them.	**Yes, No or Need Work, and explain**	

Compiled by   Date

Program ➔

	SUSTAINABILITY QUESTIONS	ANSWERS	NEXT STEPS
WHAT WE WILL DO IN THE FUTURE (1 of 2)	**Where will the GTO tools, TPP program evaluation CD and DVD, and the program manual be kept?** Decide who will have access to them and consider how this is the same or different from other program materials at your site. Where do you currently keep them?		
	Who will be in charge of making TPP program happen? Also, think about who is trained to be the facilitator, how that decision was made, and what supervision is necessary.		
	Who else is in favor of and needs to be involved in keeping TPP program going? Think about the staff, leadership, board members, and the community of youth and parents.		
	Who will do the evaluation, pre-/post-survey, tracking attendance, and monitoring fidelity? When, how often, and to whom will the results be reported? Think about who could lead these activities (one person or more; staff or an outside group). Think about how to organize the results and who needs to see them.		

		Itemize and Total	
WHAT WE WILL DO IN THE FUTURE (2 of 2)	**How much funding, if any, do we need for running TPP program?** Are there resources besides funds that are needed to run program well (e.g., for recruitment, good attendance, supplies)?	**Itemize and Total**	
	When will we run TPP program again? And when will we revise GTO Step 6, Work Plan? Consider the different times of year or days/times of the week, and what worked best in the past. Think about lead-time needed to look back at the GTO Work Plan and revise it for the future.		
	How can we keep staff trained in TPP program? The more staff trained, the more likely you will be able to continue TPP program. Look back at the TPP program materials and what is required of facilitators. Consider who could be trained and who would be responsible for sharing the training videos.		

Supplemental Information and Resources for GTO Step 10

Office of Community Services' "CCF/SCF Tools: Creating Your Sustainability Plan"

Why: A training guide on sustainability that emphasizes partnerships and resource development. It includes key questions to ask in order to get started, worksheets for making a sustainability plan, and short videos.

Where: http://www.acf.hhs.gov/programs/ocs/resource/creating-your-sustainability-plan

OAH's "Building Sustainable Programs: The Framework"

Why: A written description of OAH's framework for building sustainable programs through seven key factors. This framework can be used to help inform a sustainability plan.

Where: http://www.hhs.gov/ash/oah/snippets/508%20documents/creating_sustainableimpacts_framework.pdf

OAH's "Sustainability E-Learning Module"

Why: A structured online lesson that teaches users how to operationalize each of the seven OAH factors for creating a sustainable program. These factors can be used to help inform a sustainability plan.

Where: http://www.hhs.gov/ash/oah/resources-and-publications/learning/sustainability/index.html

Summary and Glossary of Terms

You have completed the Getting To Outcomes® (GTO) Guide for Teen Pregnancy Prevention. We hope you found this guide useful as you planned for a successful implementation of a TPP program in your community.

Working through this guide you have learned that the ten steps of GTO are interrelated and much of the content in each step is used to inform the activities for subsequent steps. If you skipped any of the steps, consider a review of those steps and complete the associated tools to ensure you have a solid plan for implementing the program.

OBJECTIVE

This chapter briefly summarizes the ten steps of GTO and suggests that you complete any steps you may have skipped earlier.

- GTO Step 1—Needs and Resources Assessment: Determine needs and resources in your community

- GTO Step 2—Goal and Desired Outcomes: Identify a health goal and associated desired outcomes for your program

- GTO Step 3—Best Practices: Choose an EBP to implement

- GTO Step 4—Fit: Ensure appropriateness of the program for your community and organization

- GTO Step 5—Capacities: Ensure abilities and resources are in place to implement the program effectively

- GTO Step 6—Plan: Develop a comprehensive plan for implementing the program

- GTO Step 7—Process Evaluation: Plan and conduct a process evaluation

- GTO Step 8—Outcome Evaluation: Plan and conduct an outcome evaluation

- GTO Step 9—Continuous Quality Improvement (CQI): Review evaluation data and past GTO steps and make program changes as needed

- GTO Step 10—Sustainability: Develop a plan for securing continued support

Although fully completing the activities and tools provided in this guide will make your program more successful the first time, GTO is a continuous process. The next implementation will be enhanced by an ongoing review of the past implementation, using the process outlined in Step 9. Ultimately, the GTO process leads to strong program outcomes and will benefit the youth who participate in your program.

Getting to Outcomes (GTO) Glossary of Terms

(GTO STEP ASSOCIATED WITH TERM IS PROVIDED IN PARENTHESES)

1. **Activities** are the important parts of an EBP that need to be implemented in order to reach the desired outcomes. (Step 2—Goals and Desired Outcomes)

2. **Adaptation** are changes to an EBP's content or delivery. Some are minor and might be necessary to make the program more culturally relevant, current, and/or engaging. Other adaptations are major and may significantly change parts of a program that make it effective (often called core components). Major adaptations can weaken a program and are usually to be avoided. (Step 2—Goals and Desired Outcomes, and Step 4—Fit)

3. **Capacities** are the resources (staff, skills, facilities, finances, and others) that an organization has to implement and sustain a program. (Step 5—Capacities)

4. **Continuous quality improvement (CQI)** is a systematic assessment using feedback from evaluation information about planning, implementation, and outcomes to improve programs. (Step 9—Continuous Quality Improvement)

5. **Culture** can be thought of as a person's values, practices, beliefs, religion, customs, rituals, language, and ethnicity/race, among others. (Step 4—Fit)

6. **Desired Outcomes** are specific changes in behaviors and determinants that you expect as a result of your program. Well-written desired outcomes are S-M-A-R-T, or Specific–Measurable–Appropriate–Realistic–Time-based. Desired outcomes are also sometimes called "objectives." (Step 2—Goals and Desired Outcomes)

7. **Determinants** (of behavior) are risk and protective factors that affect whether individuals, groups, or institutions engage in specific behaviors. Determinants have a causal influence on and upon behaviors. (Step 2—Goals and Desired Outcomes)

8. **Dosage** is a way to show how much of the program a participant receives. Depending on the program, dosage can be the amount of time, numbers of sessions, or number of activities a participant actually receives (Step 6—Plan, and Step 7—Process Evaluation)

9. **Fidelity** describes the faithfulness with which an EBP is implemented. This includes implementing a program without removing parts essential to the program's effectiveness (core components). This is also sometimes called compliance or adherence. (Step 3—Best Practices, Step 4—Fit, Step 5—Capacities, and Step 7—Process Evaluation)

10. **Fiscal, resource, and technical capacities** encompass adequate funding and other basics needed to implement the program as planned (e.g., transportation, food, printed materials, and evaluation resources); technical capacities are the expertise factors needed to address all aspects of program planning, implementation, and evaluation; access to special materials needed to deliver the program; and the technology appropriate to the implementation of the program, such as computers. (Step 5—Capacities)

11. **Fit** expresses the overall compatibility between a program and the youth, organization, and stakeholders, i.e., the target community. (Step 4—Fit)

12. **Health goal** is the overarching big picture of what an organization wants to achieve. Goals reflect the anticipated impact in the future, such as reducing teen pregnancy rates in a county. (Step 2—Goals and Desired Outcomes)

13. **Logic models** link a health goal, behaviors directly related to it, factors that influence those behaviors, and intervention activities designed to change those factors. (Step 2—Goals and Desired Outcomes)

14. **Measures** are individual questions or scales on a survey designed to obtain information about the behavior and influential factors being examined. (Step 8—Outcome Evaluation)

15. **Needs and resources assessment** is a systematic way to identify current conditions underlying the potential need for a program or intervention and to identify related community resources. (Step 1—Needs and Resources Assessment)

16. **Outcome evaluation** tests whether a program caused an improvement among its participants on specific areas of interest (e.g., reduction in sexual risk behaviors, fewer teen pregnancies) and by how much. (Step 8—Outcome Evaluation, and Step 9—CQI)

17. **Partnership and collaboration capacities** involve connections with other community partners who can help implement and support the program. (Step 5—Capacities)

18. **Priority population** is the group determined to be in most need of an EBP program. (Step 1—Needs and Resources Assessment, Step 2—Goals and Desired Outcomes, Step 3—Best Practices, and Step 4—Fit)

19. **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). (Step 6—Plan, Step 7—Process Evaluation, and Step 9—CQI)

20. **Readiness** refers to the degree to which a community or agency is ready to take action on an issue. That readiness can range from none at all (e.g., the group has not even started thinking about addressing an issue) to already having successful programs in place. (Step 4—Fit)

21. **Scale** is a grouping of individual survey questions that address a single topic. Individual questions are averaged together and interpreted as a group. (Step 8—Outcome Evaluation)

22. **Staff and volunteer capacities** refer to staff with appropriate credentials, training, experience, and commitment to the program; trained and committed volunteers. (Step 5—Capacities)

23. **Stakeholders** are the individuals and organizations invested in a program's delivery and results. Stakeholders include participants, their families, program staff and volunteers, funders, board members, and community organizations. (GTO Step 4—Fit)

24. **Sustainability** refers to the continuation of a program after initial funding has ended. (Step 10—Sustainability)

25. **Tasks** encompass all of the broader actions needed to prepare for and carry out a program. They include such aspects as preparation, training, and staff debriefings, among others. (Step 6—Plan)

26. **Tool** refers to the various worksheets and templates associated with each GTO step that prompt practitioners to make and record decisions. (Steps 1–10)

27. **Work plan** is the organized, formal documentation of components and tasks necessary to implement a program, broken down by resources, personnel, delivery dates, and accomplishments; the work plan specifies who will do what, when, where, and how. (Step 6—Plan)

APPENDICES

Tips for Handling Challenging Behaviors

One RAND study found that control over the classroom was an important factor in getting better outcomes from a TPP program. Refer to the ground rules and remind students that they agreed at the beginning of the session to follow the set ground rules. The following are common challenging behaviors and suggestions for how to address them.

Challenging or argumentative: challenges everything that is said; others become annoyed

WHAT YOU CAN DO

• Ask if there are other opinions.

• Ask if others agree with what's being said.

• If the behavior is really disruptive, remind the group that the purpose is to learn and support each other, to share and be open to new ideas.

• Talk to the young person after the session; explain your concerns and ask for cooperation.

Monopolizes the discussion: takes over and tries to become the center of attention

WHAT YOU CAN DO

• Look away from the monopolizing person and toward the entire group.

• Say, "Thank you for sharing your ideas, but let's hear from others."

Silent or does not contribute: This person seldom speaks and appears shy or disinterested

WHAT YOU CAN DO

• Draw the person out by directly asking his/her opinion.

• Help them feel comfortable by giving them lots of attention before and after the session to establish a relationship so that he or she will feel safe to talk.

• Stand near the person and make frequent eye contact during the session.

• During the small group activities, ask the person to take a leadership role.

Searches for educator's opinion or puts educator on the spot: This person may genuinely be looking for advice or he or she may be trying to test you

WHAT YOU CAN DO

• **Turn the question back on the student: "Tell me what you think." Or say something like, "Let's look at some ways other group members might respond to the issue."**

• **When questioned about yourself, remind the group about ground rules: That no one has to answer personal questions about themselves and that sharing personal information should only be done when a person feels comfortable and there is a good reason for doing so.**

• **Remind the group of the activity's purpose.**

Inattentive and engages in side conversations: This person does not stay focused; may distract others by engaging in side conversations

WHAT YOU CAN DO

• **Ask one of those on the conversing side, "What do you think about…," and repeat what was said while trying not to embarrass that person.**

• **Say, "I find it hard to concentrate on the group discussion with the side conversations going on because it's really distracting."**

• **Move around the room so you end up standing behind one of the people in the side conversation.**

• **If necessary, move the inattentive people to another group.**

Rambles on: This person gets off the subject and takes over group time

WHAT YOU CAN DO

• **If monopolizing the group, say, "We need to stay focused on our subject."**

• **If this person has a legitimate question or concern, suggest he or she might want to talk to a trusted adult to get an answer: a parent, teacher, etc., or say that you would be happy to talk one on one after the session.**

Inarticulate: This person just cannot get out what he or she is trying to say. However, you feel that he or she has a valuable contribution to make to the discussion

WHAT YOU CAN DO

• **Don't put words into the person's mouth. Attempt to paraphrase or repeat what you understand the person to be saying. Preface your statement with, "I think I heard you say…."**

• **Move on and say, "It will come back to you after you collect your thoughts." Call on him or her later if he or she wants to try again.**

Disruptive or constantly puts down what others say: This person has a negative attitude and is very disruptive with his or her comments

WHAT YOU CAN DO

• Remind the student of the ground rules and all ideas are important. Ask group members again to respect each other.

• Don't laugh at inappropriate comments or put-downs.

• Rephrase the person's negative comments in a positive manner.

• Speak to the student privately after the session and encourage his or her cooperation in future sessions.

The Ten Tasks of Adolescence

In trying to establish a positive environment in which youth can benefit from a TPP program, it can be helpful to know how youths are changing. The "tasks" in this appendix refer to a positive end goal for the changes youths are experiencing.

TASK 1: ADJUST TO SEXUALLY MATURING BODIES AND FEELINGS

Teens are faced with adjusting to bodies that as much as double in size and that acquire sexual characteristics, as well as learning to manage the accompanying biological changes and sexual feelings and to engage in healthy sexual behaviors. This task also includes establishing a sexual identity and developing the skills for romantic relationships.

TASK 2: DEVELOP AND APPLY ABSTRACT THINKING SKILLS

Teens typically undergo profound changes in their way of thinking during adolescence, allowing them more effectively to understand and coordinate abstract ideas, to think about possibilities, to try out hypotheses, to think ahead, to think about thinking, and to construct philosophies.

TASK 3: DEVELOP AND APPLY A MORE COMPLEX LEVEL OF PERSPECTIVE TAKING

Teens typically acquire a powerful new ability to understand human relationships, with which, having learned to "put themselves in another person's shoes," they learn to take into account both their perspective and another person's at the same time, and to use this new ability in resolving problems and conflicts in relationships.

TASK 4: DEVELOP AND APPLY NEW COPING SKILLS (E.G., DECISIONMAKING, PROBEM-SOLVING, CONFLICT RESOLUTION)

Related to all these dramatic shifts, teens are involved in acquiring new abilities to think about and plan for the future, to engage in more sophisticated strategies for decision making, problem solving, and conflict resolution, and to moderate their risk taking to serve goals rather than jeopardize them.

TASK 5: IDENTIFY MEANINGFUL MORAL STANDARDS, VALUES, AND BELIEF SYSTEMS

Building on these changes and resulting skills, teens typically develop a more complex understanding of moral behavior and underlying principles of justice and care, questioning beliefs from childhood and adopting more personally meaningful values, religious views, and belief systems to guide their decisions and behavior.

TASK 6: UNDERSTAND AND EXPRESS MORE COMPLEX EMOTIONAL EXPERIENCES

Also related to these changes are shifts for teens toward an ability to identify and communicate more complex emotions, to understand the emotions of others in more sophisticated ways, and to think about emotions in abstract ways.

TASK 7: FORM FRIENDSHIPS THAT ARE MUTUALLY CLOSE AND SUPPORTIVE

Although youngsters typically have friends throughout childhood, teens generally develop peer relationships that play much more powerful roles in providing support and connection in their lives. They tend to shift from friendships based largely on the sharing of interests and activities to those based on the sharing of ideas and feelings, with the development of mutual trust and understanding.

TASK 8: ESTABLISH KEY ASPECTS OF IDENTITY

Identity formation is in a sense a lifelong process, but crucial aspects of identity are typically forged at adolescence, including developing an identity that reflects a sense of individuality as well as connection to valued people and groups. Another part of this task is developing a positive identity around gender, physical attributes, sexuality, and ethnicity and, if appropriate, having been adopted, as well as sensitivity to the diversity of groups that make up American society.

TASK 9: MEET THE DEMANDS OF INCREASINGLY MATURE ROLES AND RESPONSIBILITIES

Teens gradually take on the roles that will be expected of them in adulthood, learning to acquire the skills and manage the multiple demands that will allow them to move into the labor market, as well as to meet expectations regarding commitment to family, community, and citizenship.

TASK 10: RENEGOTIATE RELATIONSHIPS WITH ADULTS IN PARENTING ROLES

Although the task of adolescence has sometimes been described as "separating" from parents and other caregivers, it is more widely seen now as adults and teens working together to negotiate a change in the relationship that accommodates a balance of autonomy and ongoing connection, with the emphasis on each depending in part on the family's ethnic background.

Source adapted from: Simpson, A.R., *Raising Teens: A Synthesis or Research and a Foundation for Action*, Center for Health Communication, Harvard School of Public Health, 2001. As of March 19, 2016: http://www.hsph.harvard.edu/chc/parenting/raising.html

Program Introduction Letter for Parents

Note: Download a Word version of this form at http://www.rand.org/t/TL199

PRINTED ON ORGANIZATION LETTERHEAD IF AVAILABLE

DATE

Dear Parent/Caregiver:

Many parents and guardians are concerned about the health and relationships of youth, particularly when it comes to sex. Other than the information they may receive at home, young people get little objective information to help them make good choices about sex and relationships.

We are writing to ask you to allow your young person to be part of an exciting class, called [NAME OF PROGRAM] that [NAME OF YOUR ORGANIZATION] is offering. [NAME OF PROGRAM] has been proven to help young people reduce their risk of unintended pregnancy, STIs, and HIV.

[NAME OF PROGRAM] is divided into [NUMBER] sessions that our staff will deliver. The classes are designed to empower young teens to change their behavior in ways that significantly decrease their chances of being involved in unintended pregnancies, and reduce their risk of becoming infected with STIs and HIV.

This is a sensitive subject, but one that is very important. We think this program can help [NAME OF ORGANIZATION] youth. [NAME OF PROGRAM] is intended for youth participants.

We hope you will agree that [NAME OF PROGRAM] is a welcome addition to our programming. To participate in [NAME OF PROGRAM] and complete the pre- and post-surveys, youth must have the written consent of a parent or guardian.

Please review the enclosed information about the program and complete the Parent Consent Form and return it to [NAME OF ORGANIZATION].

Sincerely,

NAME OF AUTHORIZED ORGANIZATION STAFF MEMBER

Parent Meeting Script

Welcome and Introductions

We would like to welcome you to the Parent Orientation for the [NAME OF PROGRAM].

Purpose of the Parent Orientation

We are excited to bring the [NAME OF PROGRAM] to [NAME OF ORGANIZATION]. This meeting will provide you information about the program and answer any questions or concerns that you may have about the program.

We will be offering [NAME OF PROGRAM] to help our young people enhance their ability to make responsible choices when interacting with their friends—at school, in their communities, and at home.

Parent Child Communication

We believe that parents and families serve as the main influencers in their children's ability to make positive and healthy decisions. The values and information you communicate to your children are important. Among the key values that you share with your children are your family's beliefs about sex and relationships. Parents, guardians, and families serve as the primary sexual health educators for their children, and therefore the values and information you communicate to your children about sex is important. In fact, teens say parents have the most influence over the decisions they make about sex, love, and relationships.

It is important for everyone to understand that [NAME OF PROGRAM] is not a replacement of the conversations that take place at home with your children, rather an addition to the talks occurring at home. This program will be an opportunity to guide further the conversations you are having with your children and allow for you to share and affirm the values that you would like to reinforce. The purpose of this program is to supplement the conversations about the "birds and the bees" and relationships that you are already having at home. If you haven't had any conversations yet, then some of these sessions can help spark the conversations from you, or inspire your child to ask you questions about information they learn during [NAME OF PROGRAM]. It is our desire to work in partnership with you and your family to ensure that youth have a support system that teaches them about the value of healthy decisionmaking and making positive choices that create a great future.

About this Program

Now we would like to discuss [NAME OF PROGRAM].

[INSERT SPECIFIC INFORMATION ABOUT THE PROGRAM; FOR EXAMPLE: NUMBERS OF SESSIONS, GOALS OF THE PROGRAM, AGE RANGE OF PARTICIPANTS, ETC.]

Youth Survey and Confidentiality

So we can find out how much the kids knew before the program and then find out how much they learned after the program was over, we plan on giving them short surveys. The surveys, which take about 5–10 minutes, are designed to find out what they know before the program and what they learned during the program. The surveys will be anonymous—no one at [NAME OF ORGANIZATION] will know the answers a person provides during the surveys. We are using the survey information to determine what was learned during the program and there will be no way to identify your children because names are not put on the survey.

Youths can participate in the program and not complete the survey. Although this is possible, it is not recommended, because we will not be able to show how much students learned while participating in the program. You can also review the program copies that we have.

Parental and Youth Requirements

In order for your child to take part of this program, we are asking that you sign a consent form. We have the parent consent forms available for you to sign.

Questions and Discussion

At this time, we would like to address any questions or concerns that you may have.

Consent Form

NOTE: Download a Word version of this form at http://www.rand.org/t/TL199

PARENT OR LEGAL GUARDIAN CONSENT FORM FOR CHILD'S PARTICIPATION

Print the name of your child:

_____

First Name   Middle Name   Last Name

_____

Name of Organization

_____

Name of Program

I have read (or someone has read to me) the information in the letter and Parent Information Sheet, which explains the nature and purpose of the above-named program. By signing below, I give permission for my child to take part in this program, offered by the above-named organization.

Please mark "Yes" or "No."

☐ Yes   ☐ No   I allow my child to participate in the above-named program, offered by the above-named organization.

☐ Yes   ☐ No   I allow my child to complete the Youth Survey at the beginning and end of this program to measure change in youth attitudes and behaviors.

Are you the child's: ☐ Parent   ☐ Legal Guardian

Print name of parent or legal guardian:

_____

First Name   Middle Name   Last Name

_____

Parent/Guardian's Address

_____

Parent/Guardian's Home Telephone Number   Parent/Guardian's Cell Phone Number

_____

Signature of Parent or Legal Guardian   Today's Date

PLEASE RETURN THIS SIGNED FORM TO THE ORGANIZATION LISTED NEAR THE TOP

Parent Information Sheet

Note: Download a Word version of this form at http://www.rand.org/t/TL199

EXAMPLE OF MAKING PROUD CHOICES PARENT INFORMATION SHEET

Dear Parent or Guardian:

We know that you may have questions about Making Proud Choices, the youth survey, and the consent form. Here are answers to some of the most frequently asked questions:

WHAT IS MAKING PROUD CHOICES?
- A program for young teens that meets for eight sessions.
- The class activities provide information and skills to help youths make healthy choices about sex.
- Making Proud Choices has been proven to help 11- to 13-year-olds make safer choices about sex.

WHO IS DOING THIS PROGRAM?
- Trained staff from [NAME OF ORGANIZATION] will teach the Making Proud Choices classes and conduct the youth surveys.

WHO IS TAKING PART IN THIS PROGRAM?
- We are inviting all young teens to take the Making Proud Choices classes and take part in the youth surveys.
- [NAME OF ORGANIZATION] staff will teach the Making Proud Choices classes.
- If you consent, your child may choose to attend Making Proud Choices when it is offered at [NAME OF ORGANIZATION]. It is a voluntary program, so your child does not have to take part.

WHAT IS THE YOUTH SURVEY?
- The youth survey is done at the first and the last Making Proud Choices sessions.
- The survey measures how much youths learn from the classes and how their attitudes and behavior change over time.

WHAT QUESTIONS ARE ASKED IN THE YOUTH SURVEY?
- The youth survey asks specific questions about what participants learn about safer sex from the Making Proud Choices classes.
- Even after agreeing to participate, any participant can refuse to answer any survey question if he or she does not feel comfortable.

WHAT ABOUT CONFIDENTIALITY?
- All surveys are anonymous.
- No names will be connected with survey responses.

WHAT ABOUT SURVEY RESULTS?
- We will use the information to find out what students learn and think about Making Proud Choices.

WHAT IF I HAVE OTHER QUESTIONS?
- We're happy to answer any questions. Just call [NAME OF PERSON AT NAME OF ORGANIZATION].

Session Summary for Parents

Making Proud Choices: A Safer Sex Approach to STIs, Teen Pregnancy and HIV Prevention is an adaptation of the Be Proud! Be Responsible! curriculum, intended to reach middle school and high school students in a school or community-based environment. Making Proud Choices is designed to help adolescents develop the skills and motivation necessary to reduce risk related behaviors, and presents abstinence as the best way to prevent HIV infection, other sexually transmitted infections and unplanned pregnancies. This curriculum includes a condom and contraceptive demonstration.

This is an example of a session summary for the Making Proud Choices program.

CLASSES	TOPICS AND OBJECTIVES
Getting to Know You and Steps to Making Your Dreams Come True	• Program overview and creation of group rules • Meaning of proud and responsible behavior and its benefits • Reasons why teens have sex, consequences of sex, and strategies for reducing those consequences • Future personal goals, barriers to achieving them, and strategies for overcoming those barriers
The Consequences of Sex: Pregnancy	• Pregnancy as a consequence of sex • Vulnerability to pregnancy and consequences of teen pregnancy • Myths vs. facts about pregnancy • Specific birth control methods used for pregnancy prevention
The Consequences of Sex: Sexually Transmitted Infections (STIs)	• Signs and symptoms of the most common STIs • How STIs are transmitted, and how they can be prevented • Perceived and actual risk for STIs • Correct condom use and the benefits of use in STI prevention
The Consequences of Sex: HIV Infection	• Basic facts vs. myths about HIV, AIDS, and risk-associated behavior • Low risk vs. no risk behaviors for contracting HIV infection • Prevention of HIV infection
Attitudes and Beliefs About Condom Use	• Attitudes toward risky sexual behaviors and problem-solving in risky sexual behavior situations • Advocating for safer sex strategies and giving advice
Strategies for Preventing HIV Infection: Stop, Think, and Act	• Decision-making around sexual choices • Three-step problem-solving to help avoid risky situations • Affects of sexual choices on achieving future goals and dreams
Developing Condom Use and Negotiation Skills	• Positive aspects of condom use • Correct steps to use of condoms • Barriers to safer sex behaviors and condom use • Negotiating condom use with partners and responding to excuses
Enhancing Refusal and Negotiation Skills	• Effective strategies for saying no to unprotected sex • Sticking to decisions with pride to achieve future goals

Attendance Roster

Note: Download a Word version of this form at http://www.rand.org/t/TL199

WHO PARTICIPATED IN [NAME OF PROGRAM] AND HOW MUCH? HOW MUCH OF THE PROGRAM DID EACH PARTICIPANT GET ON EACH DAY OF THE PROGRAM?						

In the session column, record the **session date** and **percentage of time** the participant was in the session on that day.

For example, in a 60-minute session: full session = 100%; left 15 minutes early = 75%; left 30 minutes early = 50%; absent = 0%

Name	Session 1 Date	Session 2 Date	Session 3 Date	Session 4 Date	Session 5 Date	Session 6 Date
J. Doe	100%	50%	0%	100%	100%	100%

Fidelity Monitoring Log

This is an example of a log for one session of the Making Proud Choices program. The log for all the sessions can be found at http://www.etr.org/ebi/assets/File/Adaptations/MPC-Facilitator-Log.pdf.

EXAMPLE OF MAKING PROUD CHOICES FACILITATOR MONITORING LOG

MPC Facilitator Name   Date

Start Time   End Time

MPC MODULE 1: GETTING TO KNOW YOU AND STEPS TO MAKING YOUR DREAMS COME TRUE A. SESSION ACTIVITIES				
DID YOU COVER EACH OF THE COMPONENTS IN MODULE 1?	**YES**	**ONLY IN PART**	**NO**	**REMARKS** (USE THIS SPACE TO RECORD ANY NOTES ABOUT ADAPTATIONS YOU MAY HAVE MADE TO CURRICULUM AND WHY THE ADAPTATION WAS MADE)
1. Introduce Making Proud Choices and its purpose				
2. Use talking circle				
3. Establish group rules, including confidentiality				
4. Brainstorm the meaning of being "proud" and "responsible" and the benefits of making proud choices				
5. Brainstorm why teens have sex (including consequences of sex and preventing consequences)				
6. Complete worksheet (Goals and Dreams) to identify important life events and future goals				
7. Brainstorm obstacles to achieving goals, ways to avoid them and ways to avoid pregnancy and STIs				
NOTES: Yes = activity was completed as intended; Only in Part = activity was not completed or was not done completely as intended; No = activity was not done or done mostly wrong.				

Pre-/Post-Survey Session Protocol

Note: Download a Word version of this form at http://www.rand.org/t/TL199

Read the content in **bold italics** to the youth participants.

Organize Materials in Advance	You will need: • Questionnaire for each participating youth • Blank letter-size envelope for each participating youth • 1 large manila envelope with date of survey printed on it • Same color pens to hand out to youth • Copies of youth Q&A sheet to hand out to participants • Parental consent list
15 Minutes Before Session	• Locate the room where the survey session will take place • Make sure there are enough tables and chairs for privacy • If needed, ask staff assistance in rounding up the youth for the survey session
Greeting	[As participants arrive] ***Hi, [NAME OF YOUTH], I'm glad you are here. We will get started in a few minutes.*** PRE-SESSION: Look for the child's name in the parental consent list. Is the child's name listed? • If it is, put a check mark next to his or her name. • If not, but the child has the signed consent form add his or her name to the list and add the check mark. • If not on the list and no signed consent form, give child a parental consent packet and explain that the child can return the completed form to the make-up session. Write down the date/time of the make-up on the parental consent form. Have the child ask his or her parent to sign the consent form. Tell the child to bring the completed form back to the make-up session. Ask the child to return to their normal boys and girls club activities. POST-SESSION: Only youth who did the pre-survey should do the post-survey. Be sure there is a check mark next to the child's name on the parental consent list. The check mark indicates that a child did the pre-survey.

Introduce Survey	[Spend up to 5 minutes on introduction] If this is a pre-survey, say: ***[NAME OF PROGRAM] is a program that gives information and teaches skills to help youth make healthy choices and decisions about sex and relationships.*** ***The classes will be taught in [NUMBER] of lessons by the [NAME OF ORGANIZATION STAFF PERSON].*** If this is a pre- or post-session say: ***The survey we are doing today will measure how much you learned from [NAME OF PROGRAM]. Do NOT put your name on the survey. When you are finished, seal it in the plain envelope and do NOT put your name on the envelope.*** ***We will keep your answers private and confidential, so I'm going to ask you to answer every question as honestly as you can.*** ***But you can skip any question if you don't feel comfortable answering it.*** ***Does anyone have any questions?*** [Answer any questions.]
Organization Staff	Stay in the room to monitor the group and answer questions as needed. Use Q&As to encourage all youth to participate in the **[name of program]** classes and the **[name of program]** survey. If there are participants who refuse to do the survey, ask them to return to their normal activities. Do not draw attention to these youths. Remove the check mark next to their names on the parental consent form list. Do not answer questions about the specific survey questions. This way, everyone taking the survey will get the same information. If you are asked for an explanation, you can say: ***"Whatever it means to you."***
Thank Youth	As youth complete the surveys, be sure they place the survey in the blank envelope and seal it before they give it to you. Thank them for doing the survey. If **[name of program]** class is beginning soon, ask youths to sit quietly until it is time to start the class. Otherwise, let them know they can return to their normal activities.
Enter Data	Use the pre- or the post-data entry sheet in the evaluation data workbook. Do not enter any personal identifiers. If a name is on an envelope or survey, be sure to completely mark it out.
Store Parental Consent Forms and Survey List in Private Storage	If you received any signed parental consent forms at the session, be sure to add them to those you already have. This is confidential information.

Note: Save all unused materials in the survey session packet for future sessions.

APPENDIX K

Note: Download a PDF version of this form at http://www.rand.org/t/TL199

Adolescent Health PRE Survey

> The questions in this survey are about things related to your sexual health. Your answers will help us offer better programs for our members. Some questions ask about what you know; others ask your opinion. Please work on your own and answer the questions as honestly as you can. Thank you!

No scale

1. How helpful are sexual health classes for teens? (*Check one box*)

    ☐₁ Not at all Helpful   ☐₂ Very Little Help   ☐₃ Somewhat Helpful   ☐₄ Very Helpful

2. Do you think that sexual health classes are a good idea for teens to take? (*Check one box*)

    ☐₁ Very Bad Idea   ☐₂ Bad Idea   ☐₃ No Opinion   ☐₄ Good Idea   ☐₅ Very Good Idea

Attitudes toward condom use

> Try to answer the following questions **even if you have not had sex or have never used condoms.**

3. How do you feel about using a condom <u>if</u> you have sex in the <u>next 3 months</u>? (*Check one box*)

☐₁ Very Bad Idea for me   ☐₂ Bad Idea for me   ☐₃ In the Middle for me   ☐₄ Good Idea for me   ☐₅ Very Good Idea for me

Intentions to use condoms

4. How likely is it that you will decide to use a condom <u>if</u> you have sex in the <u>next 3 months</u>? (*Check one box*)

    ☐₁ Very Unlikely   ☐₂ Unlikely   ☐₃ In the Middle   ☐₄ Likely   ☐₅ Very Likely

> How much do you agree or disagree with the statements below? Try to answer the questions **even if you have not had sex or have never used condoms.** (*Check one box on each row*)

	Disagree Strongly	Disagree	In the Middle	Agree	Agree Strongly
5. I will try to get a sexual partner to agree to use condoms if we have sex in the <u>next 3 months</u>.	☐₁	☐₂	☐₃	☐₄	☐₅
6. I plan to use condoms if I have sex in the <u>next 3 months</u>.	☐₁	☐₂	☐₃	☐₄	☐₅

> Some of the statements below are true; some are false. Please check **True** for each statement that you think is **TRUE**; check **False** for each one you think is **FALSE**; and check **Don't Know** if you DO NOT KNOW whether the statement is true or false.

Condom use prevention beliefs (Items 7, 10, 15)

Condom knowledge (Items 8, 13, 14, 16)

Pregnancy knowledge (Items 9, 17)

HIV knowledge (Items 11,12)

		True	**False**	**Don't Know**
7.	Condoms help prevent pregnancy.	☐₁	☐₉	☐₃
8.	Storing or carrying condoms in a hot or warm place can destroy how well they work . . .	☐	☐	☐
9.	A girl who forgets to take her birth control pill for one or two days does <u>not</u> increase her chances of becoming pregnant	☐	☐	☐
10.	Condoms help prevent sexually transmitted diseases (STIs)	☐	☐	☐
11.	The HIV virus is present in blood, semen, and vaginal fluid	☐	☐	☐
12.	A person can have the HIV or AIDS virus and give it to other people even if the person does <u>not</u> look sick	☐	☐	☐
13.	A condom should be completely unrolled before it is placed on the penis	☐	☐	☐
14.	The penis should be erect (hard) when a condom is put on	☐	☐	☐
15.	Condoms help prevent AIDS	☐	☐	☐
16.	When a condom is placed on the penis, space should be left at the tip of the condom . . .	☐	☐	☐
17.	Even if a boy withdraws (removes his penis) from a girl's vagina before he ejaculates (cums) the girl can still become pregnant	☐	☐	☐

Thank you! Have a great day!

NOTE: We have provided information about what each item measures next to the items. These annotations do not appear in the downloaded file.

APPENDIX K

Adolescent Health PRE Survey

> The questions in this survey are about things related to your sexual health. Your answers will help us offer better programs for our members. Some questions ask about what you know; others ask your opinion. Please work on your own and answer the questions as honestly as you can. Thank you!

1. How helpful are sexual health classes for teens? (*Check one box*)

   ☐ 1 Not at all Helpful   ☐ 2 Very Little Help   ☐ 3 Somewhat Helpful   ☐ 4 Very Helpful

2. Do you think that sexual health classes are a good idea for teens to take? (*Check one box*)

   ☐ 1 Very Bad Idea   ☐ 2 Bad Idea   ☐ 3 No Opinion   ☐ 4 Good Idea   ☐ 5 Very Good Idea

> Try to answer the following questions **even if you have not had sex or have never used condoms.**

3. How do you feel about using a condom if you have sex in the next 3 months? (*Check one box*)

   ☐ 1 Very Bad Idea for me   ☐ 2 Bad Idea for me   ☐ 3 In the Middle for me   ☐ 4 Good Idea for me   ☐ 5 Very Good Idea for me

4. How likely is it that you will decide to use a condom if you have sex in the next 3 months? (*Check one box*)

   ☐ 1 Very Unlikely   ☐ 2 Unlikely   ☐ 3 In the Middle   ☐ 4 Likely   ☐ 5 Very Likely

> How much do you agree or disagree with the statements below? Try to answer the questions **even if you have not had sex or have never used condoms.** (*Check one box on each row*)

	Disagree Strongly	Disagree	In the Middle	Agree	Agree Strongly
5. I will try to get a sexual partner to agree to use condoms if we have sex in the next 3 months.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. I plan to use condoms if I have sex in the next 3 months.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

> Some of the statements below are true; some are false. Please check **True** for each statement that you think is **TRUE**; check **False** for each one you think is **FALSE**; and check **Don't Know** if you DO NOT KNOW whether the statement is true or false.

	True	**False**	**Don't Know**
7. Condoms help prevent pregnancy.	☐ 1	☐ 9	☐ 3
8. Storing or carrying condoms in a hot or warm place can destroy how well they work . . .	☐	☐	☐
9. A girl who forgets to take her birth control pill for one or two days does not increase her chances of becoming pregnant	☐	☐	☐
10. Condoms help prevent sexually transmitted diseases (STIs)	☐	☐	☐
11. The HIV virus is present in blood, semen, and vaginal fluid	☐	☐	☐
12. A person can have the HIV or AIDS virus and give it to other people even if the person does not look sick	☐	☐	☐
13. A condom should be completely unrolled before it is placed on the penis	☐	☐	☐
14. The penis should be erect (hard) when a condom is put on	☐	☐	☐
15. Condoms help prevent AIDS	☐	☐	☐
16. When a condom is placed on the penis, space should be left at the tip of the condom . . .	☐	☐	☐
17. Even if a boy withdraws (removes his penis) from a girl's vagina before he ejaculates (cums) the girl can still become pregnant	☐	☐	☐

Thank you! Have a great day!

APPENDIX L

Adolescent Health POST Survey

> The questions in this survey are about things related to your sexual health. Your answers will help us offer better programs for our members. Some questions ask about what you know; others ask your opinion. Please work on your own and answer the questions as honestly as you can. Thank you!

1. How helpful are sexual health classes for teens? (*Check one box*)

☐ 1 Not at all Helpful ☐ 2 Very Little Help ☐ 3 Somewhat Helpful ☐ 4 Very Helpful

2. Do you think that sexual health classes are a good idea for teens to take? (*Check one box*)

☐ 1 Very Bad Idea ☐ 2 Bad Idea ☐ 3 No Opinion ☐ 4 Good Idea ☐ 5 Very Good Idea

> Try to answer the following questions **even if you have not had sex or have never used condoms.**

3. How do you feel about using a condom if you have sex in the next 3 months? (*Check one box*)

☐ 1 Very Bad Idea for me ☐ 2 Bad Idea for me ☐ 3 In the Middle for me ☐ 4 Good Idea for me ☐ 5 Very Good Idea for me

4. How likely is it that you will decide to use a condom if you have sex in the next 3 months? (*Check one box*)

☐ 1 Very Unlikely ☐ 2 Unlikely ☐ 3 In the Middle ☐ 4 Likely ☐ 5 Very Likely

> How much do you agree or disagree with the statements below? Try to answer the questions **even if you have not had sex or have never used condoms.** (*Check one box on each row*)

	Disagree Strongly	Disagree	In the Middle	Agree	Agree Strongly
5. I will try to get a sexual partner to agree to use condoms if we have sex in the next 3 months.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. I plan to use condoms if I have sex in the next 3 months.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

> Some of the statements below are true; some are false. Please check **True** for each statement that you think is **TRUE**; check **False** for each one you think is **FALSE**; and check **Don't Know** if you DO NOT KNOW whether the statement is true or false.

	True	False	Don't Know
7. Condoms help prevent pregnancy.	☐ 1	☐ 9	☐ 3
8. Storing or carrying condoms in a hot or warm place can destroy how well they work	☐	☐	☐
9. A girl who forgets to take her birth control pill for one or two days does not increase her chances of becoming pregnant	☐	☐	☐
10. Condoms help prevent sexually transmitted diseases (STIs)	☐	☐	☐
11. The HIV virus is present in blood, semen, and vaginal fluid	☐	☐	☐
12. A person can have the HIV or AIDS virus and give it to other people even if the person does not look sick	☐	☐	☐
13. A condom should be completely unrolled before it is placed on the penis	☐	☐	☐
14. The penis should be erect (hard) when a condom is put on	☐	☐	☐
15. Condoms help prevent AIDS	☐	☐	☐
16. When a condom is placed on the penis, space should be left at the tip of the condom	☐	☐	☐
17. Even if a boy withdraws (removes his penis) from a girl's vagina before he ejaculates (cums) the girl can still become pregnant	☐	☐	☐

Thank you! Have a great day!

Evaluation Data Workbook Instructions

The Evaluation Data Workbook Excel file can be downloaded at http://www.rand.org/t/TL199.

Pre-Survey Data Entry Instructions

1. Open the worksheet template Evaluation Data Workbook and "save as" a new document, such as Evaldate.xlsx (use date of survey entry in file name).

2. Locate the "Pre Data Entry" tab in the worksheet (first tab at bottom of workbook).

3. The total number of pre-surveys being entered and the date of the pre-survey session must be filled in at the top of the sheet in the yellow area before entering any pre-survey data.

4. The worksheet will automatically populate the number of survey entries expected and the survey date from the data you entered in step 3, above.

5. Place a number in the upper right-hand corner of each paper survey that you received as you enter it—use the number that corresponds with the number in the "Pre Survey #" column on the worksheet.

6. Enter the responses from each survey on a separate row. Each survey is an individual record.

7. **DO NOT USE** personal identifiers in the worksheet—only enter the numeric value of each answer (the numeric value of each answer appears in small font adjacent to or above the check box associated with each survey question. See inside the circles in the below example).

	True	False	Don't Know
7. Condoms help prevent pregnancy	① ☐	⑨ ☐	③ ☐

8. If a survey question was not answered, **do not enter a value** in the worksheet for that question. Skip that question and move on to the next survey question.

9. Any number that is entered other than the allowed numeric value for each answer shown on the surveys will appear in red until corrected.

10. Place a check mark, or some identifying mark, on each paper survey you received, once you have entered the data to avoid duplicate entries.

11. **DO NOT change** anything on the "results" tab of the worksheet (third tab at bottom of workbook). As the pre-survey data are entered, the "results" worksheet page will update with the data and a chart and graph will be automatically created.

Post-Survey Data Entry Instructions

1. Open the workbook containing the data from the pre-survey associated with the post-survey data you are preparing to enter.

2. Locate the "Post Data Entry" tab in the worksheet (second tab at bottom of workbook).

3. The total number of post-surveys being entered and the date of the post-survey session **must be filled in at the top** before entering any post survey data.

4. The worksheet will automatically populate the number of survey entries expected and the survey date from the data you entered in step 3, above.

5. Place a number in the upper right-hand corner of each paper survey that you received as you enter it—use the number that corresponds with the number on the worksheet.

6. Enter the responses from each survey on a separate row. Each survey is an individual record.

7. **DO NOT USE** personal identifiers in the worksheet—only enter the numeric value of each answer (the numeric value of each answer is in small font adjacent to or above the check box associated with each survey question. See inside the circles in the below example).

8. If a survey question was not answered, do not enter a value in the worksheet for that question. Skip that question and move on to the next survey question.

9. Any number that is entered other than the allowed numeric value for each answer shown on the surveys will appear in red until corrected.

10. Place a check mark, or some identifying mark, on each paper survey you received, once you have entered the data to avoid duplicate entries.

11. **DO NOT** change anything on the "results" worksheet (third tab at bottom of workbook). As the post-survey data are entered, the "results" worksheet page will update with the data and a chart and graph will be automatically created.

Results

The results worksheet (third tab) should look something like the picture below. In other words, it should show results calculated from the data for the number of youth entered in the pre and post.