

2011

Teen Pregnancy Prevention Program

Year One Outcome Evaluation Report for the Southern Nevada Health District

This is the Year One Pilot Evaluation Report for the Southern Nevada Health District's Teen Pregnancy Prevention Program.



Nevada Institute For Children's Research & Policy

NICRP

This report was prepared by the Nevada Institute for Children's Research and Policy through a contract with the Southern Nevada Health District

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About the Nevada Institute for Children's Research and Policy

The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization whose primary goal is to advance the well-being of children in Nevada. As a research center in the School of Community Health Sciences at the University of Nevada, Las Vegas, NICRP is dedicated to conducting academic and community-based research that helps guide the development of policies, practices, and programs which serve to enhance the health and well-being of children and families. For more information about NICRP, please contact us or visit our website at

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1. Executive Summary

In the Fall of 2010 the Southern Nevada Health District was awarded funding from the federal Office of Adolescent Health to implement an evidence based teen pregnancy prevention curriculum. They have partnered with the Department of Juvenile Justice Services and the Clark County Department of Family Services to offer this curriculum to the youth in juvenile detention, probation, and like skills classes for youth aging out of the foster care system. The Nevada Institute for Children's Research and Policy has been contracted to complete the outcome evaluation for this program and is collecting data to help measure the program's progress toward meeting its goals. The program will be implemented over a five year period with the goal of reducing teen pregnancy and birth rates, as well as the rate of sexually transmitted infections among adolescents in Southern Nevada. To achieve these goals, the SNHD selected two evidence based curriculums: Be Proud! Be Responsible! and ¡Cuidate!. Both are designed to educate youth about protecting themselves from sexual health risks. Adolescents who participated in the program also completed surveys to allow for an evaluation of the program's impact on their knowledge, attitudes, and behaviors related to sexual health.

Youth between the ages of 13 and 18 from juvenile detention, probation, and foster care centers participated in the Teen Pregnancy Prevention Program and completed an outcome assessment. Outcome assessment tools include pre and post curriculum surveys, as well as 3-month and 6-month follow-up surveys. Participants were given a \$10 Wal-Mart gift card for each completed survey, and could receive a total of \$30 in Wal-Mart gift cards for completing the entire program and the evaluation process. There were 313 youth who participated in the program and of those, 253 (80.8%) completed the course and the pre and post-surveys required for the current evaluation.

This first year of the project was seen as a "pilot" year to allow for adjustments in curriculum implementation, venues, and survey instruments. Data from the pilot year of the program has been evaluated and is presented in this report in order to measure progress toward stated program goals. At the time of this report's completion only one third of participants were eligible for the follow up survey, therefore while findings using follow up survey data are presented, they should be interpreted with caution.

NOTE: ALL COMPARISONS TO THE THREE MONTH FOLLOW UP SURVEY ARE LISTED FOR INFORMATION ONLY AND SHOULD NOT BE INTERPRETED AS AN INDICATOR OF PROGRAM SUCCESS OR FAILURE. ONLY 34% (N=88) OF PARTICIPANTS WERE ELIGIBLE FOR THEIR 3 MONTH FOLLOW UP SURVEY AT THE TIME OF THIS REPORT, AND ONLY 19.3% (N=17) COMPLETED THE FOLLOW UP SURVEY. FULL ANALYSIS WILL BE COMPLETED WHEN ALL YEAR 1 PARTICIPANTS HAVE BEEN ELIGIBLE FOR THE 3 MONTH FOLLOW UP SURVEY.

Findings from Year One

The Southern Nevada Health District chose to focus on five measurable goals that serve as indicators of improved sexual health and safety for the target population, and would likely help to reduce teen pregnancy and STI occurrence. Each of these goals, and SNHD's progress toward these goals, are discussed in more detail below.

Because only 88 of the 253 eligible participants were eligible for their 3 month follow-up survey at the time of this report, the progress toward each of these goals should be examined again once all 253 eligible Year One participants have been contacted for their follow-up survey. In addition, no data is available for any goals anticipating a change in attitude or behavior 6-months post curriculum because none of the participants were eligible for their 6-month follow-up survey at the time of this report. Furthermore, no data is available for any goals anticipating a change in attitude or behavior 3- months post curriculum for those participants from foster care, as they were not eligible for their 3- month survey at the time of this report.

Following is a brief description of each goal, how it was measured, and the findings for the Pilot Year.

OUTCOME GOAL 1: 80% of program participants report an increase in knowledge about HIV transmission and prevention immediately following the curriculum

Program participants were surveyed prior to the start of the curriculum and immediately following course completion. At both points in time, participants were asked a series of ten true/false questions designed to measure HIV/AIDS knowledge. Of the participants that completed the entire series of questions both before and after the course:

- 75.9% showed an increase in knowledge (answered at least one more question correct after completing the course than before),
- 17.1% showed no change in knowledge, and
- 7% demonstrated a decrease in knowledge of HIV/AIDS (answered at least one fewer question correctly after the course compared to pre-survey scores)

Although close, the Southern Nevada Health District was just short of meeting its goal of having 80% of program participants increase their knowledge of HIV/AIDS transmission and prevention with 75.9% of program participants demonstrating an increase in HIV/AIDS transmission and prevention knowledge.

OUTCOME GOAL 2¹: 65% of program participants will report an increase in intention to abstain from sex at least 6 months post curriculum

Program participants were surveyed prior to the start of the curriculum, immediately following course completion, and at their 3-month anniversary of course completion. At all three points in time participants were asked to indicate how easy or hard it would be for them to abstain from sex, how likely or unlikely it would be for them to abstain from sex, and to indicate their feelings about not having sex over the next three months. One question in this series was, "How likely is it that you will have sex in the next 3 months?" and was rated on a scale from 1 to 5, 1 = "Very Unlikely" and 5 = "Very Likely". Response values were compared between the pre-survey and the post-survey, as well as the pre-survey and the 3 month follow-up survey.

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Of the participants that provided a valid response to this item across all three surveys:

- 23.5% showed an increase in their intention to abstain from sex from pre-survey to 3 month follow-up survey,
- 47.1% showed no change in intention, and
- 29.4% demonstrated a decrease in their intention to abstain from sex from baseline to 3 month follow-up survey

Because we do not yet have 6 month follow up data this goal cannot be measured against the stated goal. However, we can review progress toward the goal by measuring improvement at 3-months post curriculum as compared to pre curriculum testing. These data indicate that at the 3 month follow-up survey 23.5% of program participants demonstrated an increase in their intention to abstain from sex. However, because only one third of participants have been eligible to complete a follow up survey and less than 20% of the eligible participants have completed a follow-up survey, these results should be interpreted with caution.

OUTCOME GOAL 3²: 50% of program participants will report a reduction in sex partners as compared to pre-curriculum testing

Program participants were surveyed prior to the start of the curriculum and three months post curriculum. At both points in time participants were asked, “During the past 3 months, how many people did you have sex with?” Data collected prior to program participation and data collected three months post curriculum were analyzed to measure a reduction in sex partners overtime. Only participants that responded to this question at both baseline and three month follow up were included in analysis

When comparing the pre-survey to the 3-month follow-up survey:

- 27.3% reported a decrease in their number of sex partners,
- 54.5% reported no change in their number of sex partners, and
- 18.2% reported an increase in their number of sex partners from pre-survey to follow-up survey

The Southern Nevada Health District was short of meeting its goal of having 50% of program participants’ decrease their number of partners from the pre-survey to the 3-month follow-up survey with 27.3% of program participants demonstrating a decrease in their number of sex partners. However, because less than 20% of the eligible participants have completed a follow-up survey, these results should be interpreted with caution. Furthermore, because this goal was measured using a question that does not allow for an open-response from participants, participants who may have had sex with 20 people prior to the course and 3 months later report having sex with 10 people are categorized under “6 people or more”. For future implementation, this question will be revised to allow participants to enter a number and not select a category allowing for more accurate analysis of progress toward this goal.

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OUTCOME GOAL 4³: 50% of program participants will report an increase in condom use at 3 months and 6 months compared to pre -curriculum testing

Participants were asked “How often do you use condoms during sex?” at baseline and again 3 months later in a follow up survey. Baseline data was compared to the three month follow up survey data to measure changes in condom use following the curriculum. Only the participants that provided a valid answer to this question across all three surveys were included in the analyses. When comparing baseline to three months post curriculum,

- 21.4% showed an increase their condom use,
- 42.9% showed no change in their condom use, and
- 35.7% showed a reduction in condom use

The Southern Nevada Health District was short of meeting its goal of having 50% of program participants’ demonstrate an increase in condom use from when compared to pre-curriculum testing. At three months post curriculum, 21.4% of program participants demonstrated an increase in condom use. However, because only one third of participants were eligible for their three month follow up survey, and less than 20% of those participants completed a follow-up survey, these results should be interpreted with caution.

OUTCOME GOAL 5: 50% of program participants will report an increase in refusal skills as compared to pre-curriculum testing

“Refusal Skills” were measured using two survey questions about how easy it would be for participants to say no to sex. Numerical values assigned to each responses were added together to create a total “refusal skills score” for surveys administered at all three points in time. Total scores for pre, post, and follow up surveys were calculated to measure changes in refusal skills both immediately after program completion and again three months later. However, as only one third of program participants were eligible for follow up surveys at the time of this report’s completion, only post survey scores were used to measure progress toward this goal.

- 48.7% of participants demonstrated an increase in refusal skills,
- 28.2% of participants demonstrated no changed in refusal skills, and
- 23.1% of participants demonstrated a decrease in refusal skills.

The Southern Nevada Health District was short of meeting its goal of having 50% of program participants demonstrate an increase in refusal skills as compared to pre curriculum testing with 48.7% of program participants demonstrating an increase in refusal skills immediately following the curriculum.

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2. Introduction

In the Spring of 2011, the Southern Nevada Health District began implementation of two evidence-based curricula with the goal of reducing pregnancy and birth rates, as well as the rate of sexually transmitted infections among adolescents in Southern Nevada. The negative consequences of teenage pregnancy are numerous for both teenage parents and their offspring (Salihi et al., 2011). However, teen pregnancy is not the only negative outcome the Southern Nevada Health District hopes to alleviate with the implementation of these programs. In 2000, it was estimated that almost half of all new sexually transmitted diseases affected young people ages 15 – 24 (Weinstock, Berman & Cates, 2000). The same behaviors that lower the risk of pregnancy – abstinence, consistent and correct use of condoms, and minimizing one’s number of sex partners – also reduce the risk of HIV infection. By increasing abstinence and safe sex practices, the Southern Nevada Health District hopes to lower the rate of sexually transmitted infections as well as unplanned pregnancies by 10% by the year 2015 in Nevada.

Incarcerated youth are at exceptionally high risk for negative sexual health outcomes such as teenage pregnancy and HIV infection (Bryan, Schmiege & Broaddus, 2009; Magura, Kang, & Shapiro, 1994). Youth in foster care are also more likely to experience unplanned pregnancies than the general population (McGuinness, Mason, Tolbert, & DeFontaine, 2002). The Southern Nevada Health District is targeting these high risk youth by implementing the Teen Pregnancy Prevention Program in detention, probation, and foster care.

Selected Curricula

The SNHD is using two evidence-based curricula (Be Proud! Be Responsible! and ¡Cuidate!) to achieve its goals. ¡Cuidate! is an adaptation of the Be Proud! Be Responsible! curriculum tailored for Hispanic and Latino youths.

Be Proud! Be Responsible!

Be Proud! Be Responsible! is a curriculum developed by Jemmott, Jemmott, and McCaffree. The curriculum was designed to modify behavior and increase knowledge about sexual issues while fostering a sense of responsibility about sexual health. The program is also intended to build a sense of community and instill pride in making safe and healthy decisions. The curriculum is taught in six modules that address knowledge, attitude, and skills regarding sexual decision-making. The curriculum is delivered through the format of role-play, group discussions, games, videos, and demonstrations. Originally, the program was designed to be implemented in one five-hour session with 5-6 youths, but it has also been successful with larger groups when split up over the course of multiple sessions (Office of Adolescent Health).

This well-researched curriculum has been shown to increase knowledge about HIV and other sexual health issues as well as impact and increase the intention to abstain from risky behaviors and increase self-reported refusal and negotiation skills (Jemmott, Jemmott & Fong, 1992; Jemmott, Jemmott & Fong; 1998; Morris, Ulmer & Chimnai, 2003; Borawski et al., 2009).

¡Cuidate!

¡Cuidate!, meaning “take care of yourself,” was adapted from the Be Proud! Be Responsible! curriculum by Villarruel, Jemmott, and Jemmott. The program appeals to important cultural beliefs, such as familialism and machismo, to communicate the importance of risk-reduction and sexual health. The program is delivered in the same format as the Be Proud! Be Responsible! curriculum (Office of Adolescent Health).

While there is less research available for the ¡Cuidate! curriculum, one evidence-based study found that participants were less likely than the control group to have sex, and also used condoms more consistently (Villarruel, Jemmott & Jemmott, 2006). Based on the evidence of success among males and females as well as different racial/ethnic groups, these curriculums were selected for the SNHD’s Teen Pregnancy Prevention Program.

Timeline for Year One – Program Pilot Year

The NICRP serves as the outcome evaluator to the Southern Nevada Health District’s Teen Pregnancy Prevention Program. The NICRP used four surveys (pre-survey, post-survey, 3-month follow-up survey, and a 6-month follow-up survey) in order to assess whether the Southern Nevada Health District’s Teen Pregnancy Prevention Program met its stated goals.

The pre-survey is completed prior to program participants receiving the curriculum in order to establish a baseline, the post-survey is administered immediately following the completion of the sixth and final module of the curriculum, and the 3 and 6-month follow-up surveys are administered to the program participants 3 and 6 month anniversary of their curriculum completion date respectively. Table 1 illustrates a detailed timeline for year one activities related to the outcome evaluation.

Table 1. Timeline for Year One

Month	Date	Activity
April	4/19/2011	Start data collection in detention
	4/20/2011	Edit protocols to administer surveys to participants
	4/26/2011	Finalize all surveys for the pilot
May	5/17/2011	Start data collection in probation
June	6/7/2011-6/24/2011	Pilot Evaluation – Preliminary Evaluation Report for Juvenile Detention
	6/14/2011	Start data collection in foster care
July	7/12/2001-7/14/2011	Pilot Evaluation – Preliminary Evaluation Report for Juvenile Probation
August	8/12/11-8/31/11	Pilot Evaluation – Preliminary Evaluation Report for Foster Care
September	9/30/2011	Year End Outcome Evaluation Report

3. Outcome Evaluation Plan

Progress toward outcome goals set for SNHD's Teen Pregnancy Prevention Program is measured using participant responses on a series of surveys. There were two components to the surveys used to measure participant outcomes. These include (1) a Sexual History Questionnaire, which includes questions about the participants sexual health and behavior, and (2) an Outcome Monitoring Tool, which includes questions about HIV/ AIDS knowledge, intention to abstain from sex, and self-efficacy in making sexual decisions. Prior to the first day of the course, a pre-survey was administered to program participants in order to measure baseline knowledge, attitudes, and behaviors regarding participant's sexual health.

Pre Survey

Data collection tools were administered to participants by NICRP as the external evaluator. Program participants were read an informed consent/confidentiality statement which included information about their participation in the entire program evaluation process including a discussion of follow up surveys and the incentive schedule. Youth were asked to indicate whether or not they wanted to participate in the evaluation. If youth did not want to participate in the evaluation but did want to participate in the program they were allowed to stay and complete the curriculum, and were not required to complete any surveys.

Upon initial testing of the survey NICRP recognized great variability in literacy levels for program participants. Therefore, to ensure that all participants would have the opportunity to complete the surveys, NICRP read the survey aloud to all program participants at the same time and asked participants to follow along and mark their responses on the survey. This process also allowed NICRP to read all definitions for "sex" and "birth control" in the survey to the group to help ensure consistency in question interpretation.

Post Survey

NICRP staff also administered the post-survey immediately following completion of the last module of the curriculum. The staff member followed the same procedures as the pre-survey, again reading the informed consent/confidentiality statement out loud followed by the survey. This survey consisted of only the Outcome Monitoring Tool, as we assume sexual behavior would not change significantly from Day 1 to Day 3 of the course. This information is used to compare changes in attitudes from the pre-survey as well as for comparisons to follow-up data.

Follow up Surveys

In order to participate in the follow-up surveys, participants gave the course instructors from Southern Nevada Health District contact information and indicated how they would like to be contacted for their follow-up surveys. Options for contact included a mailed letter, a phone call to their home phone, a phone call to their cell phone, a text message, and an email message. The NICRP staff began contacting each participant 3 months after his or her course completion date, and made three attempts to contact each participant. When a participant was successfully contacted, the participant could choose to complete the survey immediately over the phone, call NICRP at a later time to complete the survey, have NICRP call them back at a later time, or go into the Southern Nevada Health District to complete the survey with NICRP over the phone and receive their gift card immediately. Participants could either receive their incentives by going in person to the Southern Nevada Health District office or they could be sent through the mail.

The follow up survey includes questions about their sexual history and experience as well as information to measure outcomes associated with this program.. The procedures for contacting participants in order to complete follow-up surveys are the same for the 3-month follow-up and the 6-month follow-up. At the time of this report, only 88 participants were eligible for the 3-month follow-up survey and 17 surveys had been completed for a 19.3% response rate. Data for those follow up surveys are presented in this report but should be interpreted with caution. No participants are eligible for the 6 month follow up survey.

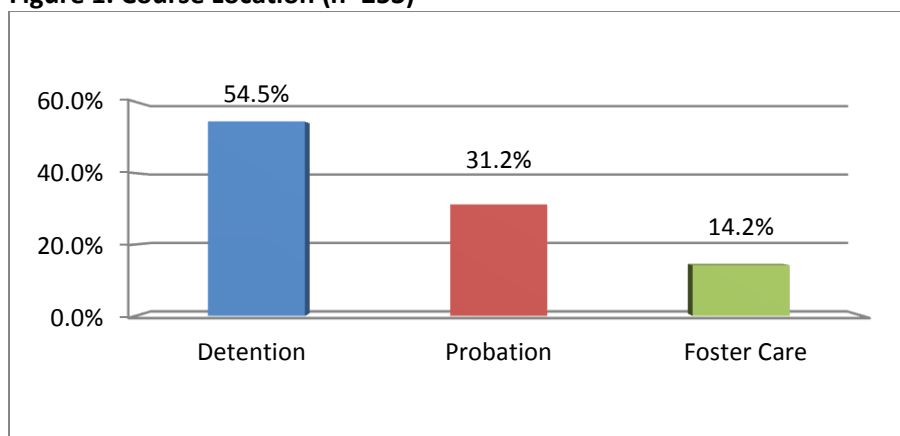
4. Participant Demographics

Two hundred and fifty two participants completed the course and the pre and post-surveys. However, only 88 participants were eligible to participate in the follow-up surveys at the time of this report.

As of September 13, 2011, the NICRP has made contact with 20 participants to complete post surveys; 17 of these participants completed the 3-month follow-up survey, 2 voluntarily dropped out of the evaluation, and 1 parent/guardian requested that their teenager no longer be involved in the evaluation. The response rate for the follow-up survey is currently 19.3%, or 17 completed surveys out of 88 eligible participants. Following is an overview of participant demographics. For a more detailed table, see Appendix A.

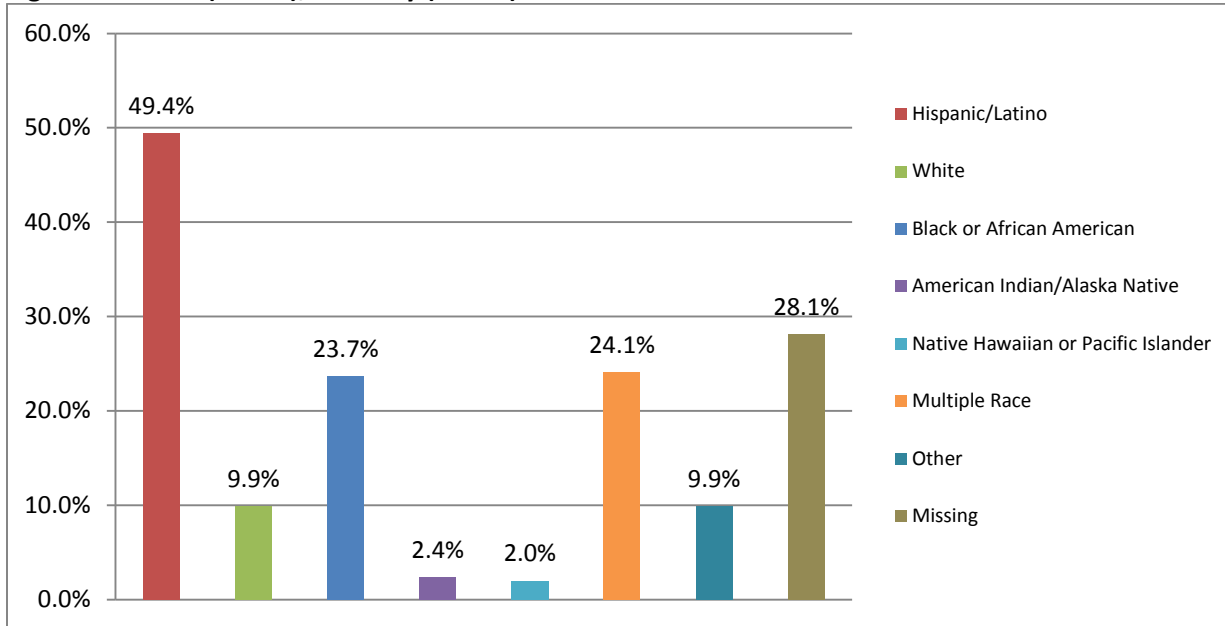
Of the 252 program participants, 146 reported that they were male (57.7%) and 91 reported that they were female (36.0%), 16 participants (6.3%) chose not to answer when asked what sex they were. See Figure 1 for information regarding percent of participants that took the course at each location.

Figure 1. Course Location (n=253)



Race and Ethnicity were asked separately on the questionnaire but are presented in one graph below. Of the 253 completed surveys, 182 participants provided data regarding race while 233 participants answered the question about ethnicity. See Figure 1.2 for information regarding reported race and ethnicity. A higher proportion of participants that indicated they were “Hispanic” or “Latino” did not indicate a race. It is possible that these participants felt the item asking whether they were Hispanic or Latino sufficiently described their racial identity.

Figure 1.2. Race (n=182)/Ethnicity (n=233)



Note: Missing cases include those that did not provide a response when asked for their race. Multiple Race refers to those participants that checked that they were Multiple Race and those that checked more than one box when indicating what race they were. Other refers to those participants that chose to write the race that they identified with on the form rather than checking a box.

Participants were also asked to report their current grade level in school. 237 of the 253 participants (93.7%) provided a grade level or reported that they were not currently enrolled in school. The majority of the participants reported that they were in the 11th grade (See Appendix A for full results).

In an attempt to understand the proportion of participants who may be linguistically isolated, participants were asked about the language/languages most often spoken at home. Participants were able to check both English and Spanish. 207 (81.8%) participants spoke English at home, 53 (20.9%) participants responded that they spoke both English and Spanish at home, 84 (33.2%) participants spoke Spanish at home, and 15 (5.9%) participants did not report which language they spoke when at home or with their family. Additionally, 5 participants reported that they spoke other languages in addition to English or Spanish at home (See Appendix A for full results).

As family structure can also be a risk factor associated with poor sexual health, a question was added about whether or not the child came from a single parent household. Of the participants that provided an answer to the question, 120 (47.4%) participants reported they did *not* live in a “single-parent” household, 117 (46.2%) reported that they lived in a “single-parent” household, and 16 participants (6.3%) did not respond to the question (See Appendix A for full results).

5. Progress toward Outcome Goals

All findings in this section are presented by outcome goal. Within each outcome goal section, there are two subsections; (1) the methods used to analyze progress toward the outcome goal, and (2) the findings across all implementation locations.

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Outcome Goal One

80% of program participants report a 10% increase in knowledge about HIV transmission and prevention immediately following curriculum

Be Proud! Be Responsible! has consistently shown to increase participants' knowledge about HIV and other STIs, including behaviors that increase risk. Morris, Ulmer and Chimnai (2003) found that the average score on an inventory similar to the one used in our evaluation increased from 62%- 84%. The True/False format has consistently been used by other researchers as well to demonstrate an increase in HIV knowledge resulting from the Be Proud! Be Responsible! curriculum (Jemmott, Jemmott & Fong, 1998; Borawski et al., 2009; Jemmott, Jemmott, & Fong, 1992).

Methods

The first outcome goal was for 80% of program participants to demonstrate a 10% increase in knowledge about HIV transmission and prevention immediately following the curriculum. Participant knowledge of HIV transmission and prevention was measured by a 10-item questionnaire with True/False items regarding HIV/AIDS transmission. A 10% increase in knowledge consists of a participant answering at least one additional question correctly on the post-survey as compared to their pre-survey responses.

This questionnaire was completed by participants during the pre-survey (prior to the start of the curriculum) and again while taking the post-survey (immediately following the last module in the curriculum). A total score out of 10 was then calculated for each participant on both the pre-survey and the post-survey. A "change in knowledge" score was also calculated by subtracting the pre-survey score from the post-survey score, showing participants' increase or decrease in number of correct responses. These numbers were then used to demonstrate what percent of participants showed a change in score as well as the magnitude and direction of the change in score. Finally a paired samples t test was conducted to test the statistical significance of the differences in average pre and post survey scores

It is important to note that total scores were not calculated for a participant if he or she did not answer all 10 True/False statements in the series or if they had an "invalid response" such as marking both true and false for one statement.

Findings

A total of 214 participants had valid scores for the pre-survey, 233 had valid scores for the post-survey, and 199 participants had valid scores on both the pre-survey and the post-survey. Only participants with valid pre and post-survey scores were used to measure an increase or decrease in scores for the 10 item series, and thus progress toward this outcome goal.

Of the 199 participants with valid scores on both the pre and post- survey, 75.9% (151) demonstrated an increase in knowledge about HIV transmission and prevention following the course. 7% (14) of the participants demonstrated a decrease in knowledge following the course, and 17.1% (34) demonstrated no change in knowledge immediately following the course.

Program participants from detention demonstrated the largest increase in knowledge with 77.6% of participants from this location demonstrating an increase in HIV/AIDS knowledge. See Table 2.

Table 2. Change in HIV/AIDS Knowledge across All Locations

<i>Change in HIV/AIDS Knowledge</i>	<i>All Locations* (n=199)</i>	<i>Detention (n=116)</i>	<i>Probation (n= 58)</i>	<i>Foster Care (n=25)</i>
Increase in Knowledge	75.9% (151)	77.6% (90)	72.4% (42)	76% (19)
No Change in Knowledge	17.10% (34)	15.5% (18)	19.0% (11)	20% (5)
Decrease in Knowledge	7% (14)	6.9% (8)	8.6% (5)	4% (1)
Total	100% (199)	100% (116)	100% (58)	100% (25)

**Note: Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

More detailed information regarding the scores from the HIV/AIDS true and false statements for all participants across all implementation locations that completed a pre and post-survey can be found in Table 2.1. This information has been provided regardless of whether or not they answered all 10 items in the HIV/AIDS series in each survey.

Table 2.1. Knowledge Questions about HIV/AIDS across All Locations

<i># of Items Correct</i>	<i>All Locations</i>		<i>Detention</i>		<i>Probation</i>		<i>Foster Care</i>	
	<i>Pre-Survey *(n=214)</i>	<i>Post-Survey *(n=233)</i>	<i>Pre-Survey *(n=122)</i>	<i>Post-Survey *(n=129)</i>	<i>Pre-Survey *(n=64)</i>	<i>Post-Survey *(n=71)</i>	<i>Pre-Survey *(n=28)</i>	<i>Post-Survey *(n= 33)</i>
4 Correct	.5% (1)	.9% (2)	.8% (1)	0% (0)	0 % (0)	1.4% (1)	0% (0)	3% (1)
5 Correct	2.8% (6)	.4% (1)	3.3% (4)	0% (0)	3.1 % (2)	1.4% (1)	0% (0)	0% (0)
6 Correct	9.3% (20)	1.7% (4)	10.7% (13)	2.3% (3)	9.4 % (6)	1.4 % (1)	3.6% (1)	0% (0)
7 Correct	17.8% (38)	4.3% (10)	20.5% (25)	4.7% (6)	14.1 % (9)	5.6% (4)	14.3% (4)	0% (0)
8 Correct	32.7% (70)	9.0% (21)	31.1% (38)	10.9% (14)	35.9 % (23)	8.5 % (6)	32.1% (9)	3% (1)
9 Correct	26.6% (57)	28.3% (66)	22.1% (27)	25.6% (33)	32.8 % (21)	32.4 % (23)	32.1% (9)	30.3% (9)
10 Correct	10.3% (22)	55.4% (129)	11.5% (14)	56.6% (73)	4.7% (3)	49.3 % (35)	17.9% (5)	63.6% (21)
Total	100% (214)	100% (233)	100% (122)	100% (129)	100% (64)	100% (71)	100% (28)	100% (33)

**Note: Due to missing data, the total number of participants with valid scores is different in the pre and post-surveys. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

Prior to the course, 10.3% of the participants answered all 10 questions correctly, and after the course, 55.4% of the participants answered all 10 questions correctly.

The average score out of ten for the HIV/AIDS True/False statements was examined for all locations. For all participants, regardless of the location of the program, the average score prior to the course across all sites was 80% (8.0 correct out of 10 possible points) and the average score after the course was 92.7% (9.27 correct out of 10 possible points). In addition, a paired samples t-test was performed on the total scores from the pre and post-surveys. The average score improved by 1.31 (SD=1.42), and the results from the paired t-test [$t(198)=13.08, p<.000$] show a statistically significant difference between the pre and post-test scores indicating that overall, participants scores significantly improved after participation in the course.

Program participants from detention demonstrated the largest HIV/AIDS knowledge change score with the average score increasing by 1.47 points. The differences found in all locations are statistically significant, $p<000$. See Table 2.2.

Table 2.2 Difference between Pre and Post Scores

<i>Overall Difference Between Average Pre and Post Scores*</i>	<i>All Locations (n=199)</i>	<i>Detention (n=116)</i>	<i>Probation (n=58)</i>	<i>Foster Care (n=25)</i>
	+1.31* (SD= 1.42)	+1.47* (SD= 1.46)	+1.10* (SD= 1.47)	+1.12* (SD= 0.97)
<i>*Note: Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an "invalid response" and were not included in the analyses.</i>				

**Indicates that this difference is statistically significant*

Progress Summary

With 75.9% of program participants demonstrating an increase in HIV/AIDS knowledge, the Southern Nevada Health District was close, but did not meet their goal of 80% of program participants reporting a 10% increase HIV/AIDS transmission and prevention knowledge.

Outcome Goal Two

65% of program participants will report an increase in intention to abstain from sex at least 6 months post curriculum

(PRELIMINARY DATA FOR INFORMATION ONLY)

Both of the curriculums used in the Teen Pregnancy Prevention Program have successfully increased intention to abstain from sex as evidenced in previous studies. Jemmott, Jemmott, and Fong (1992) showed that participants reported an increased intention to abstain following the Be Proud! Be Responsible! course, while Villarruel, Jemmott, and Jemmott (2006) had the same results when testing the iCuidate! curriculum. Both of these studies have shown that the two curricula successfully increased intention to abstain in comparison to a control group which did not receive the program..

Methods

The second outcome goal was that 65% of program participants will report an increase in intention to abstain from sex at least 6 months post curriculum as compared to pre-curriculum testing. This goal was assessed by analyzing the question “How likely is it that you will have sex in the next 3 months?” This question was asked on the pre, post, and follow-up surveys to measure intention to abstain up to 6 months after course completion.

Response options for this question are presented as a Likert-scale ranging from 1 to 5, 1 = “Very Unlikely” and 5 = “Very Likely”. Using the number indicated on the scale as a raw score, an “intention score” was created by subtracting the pre-survey response from the post-survey response. A negative score was deemed as an increase in intention to abstain (participant was LESS LIKELY to have sex in the next three months) while a positive score was deemed a decrease in intention to abstain from sex (participants are MORE LIKELY to have sex in the next three months).

Findings

A total of 245 participants had a valid response when asked how likely it was that they would have sex in the next 3 months on the pre-survey, 249 participants had a valid response when asked on the post-survey, and 241 participants had a valid score on both the pre and post-survey. Only participants with a valid score on both the pre and post-survey (n=241) were used in the analyses to determine if there was an increase or decrease in intention to abstain.

When comparing the post-survey responses to the pre-survey responses, 27.4% (66) of the participants demonstrated an increase in their “intention to abstain”. This means that 66 of the program participants circled at least one number lower on the post-survey, moving closer to a response of “Very Unlikely” indicating a stronger intention to abstain from sex in the 3 months following the course. In addition, 17.8% (43) of the participants demonstrated a decrease in their “intention to abstain” from sex and 54.8% (132) demonstrated no change in their intention from the pre to the post-survey.

Participants were asked the same question at their 3-month follow up survey. Seventeen participants had a valid score on their pre-survey and follow-up survey. When comparing the pre-survey responses to the 3-month follow-up responses, 23.5% (4) of the participants increased their intention to abstain from sex, 29.4% (5) decreased their intention to abstain and 47.1% (8) had no change in their intention from the pre-survey to the follow-up survey.

When comparing results across locations, program participants from detention demonstrated a much larger increase in intention to abstain from sex (30.0%) compared to program participants in probation (14.3%). See Table 3.

Table 3. Change in Intention to Abstain Across All Locations

<i>Change in Intention to Abstain*</i>	<i>All Locations (n=17)</i>	<i>Detention (n=10)</i>	<i>Probation (n= 7)</i>
Increase in Intention	23.5% (4)	30.0% (3)	14.3% (1)
No Change in Intention	47.1% (8)	40.0% (4)	57.1% (4)
Decrease in Intention	29.4% (5)	30.0% (3)	28.6% (2)
Total	100% (17)	100% (10)	100% (7)

**Note: Results from foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report.*

More detailed information regarding participant responses for all participants across all implementation locations can be found in Table 3.1 below. This information has been provided regardless of whether or not they provided an answer to the question on all surveys.

Table 3.1. Participant Responses by Percent and Frequency for “How likely is it that you will have sex in the next 3 months

<i>Response Categories</i>	<i>All Locations</i>			<i>Detention</i>			<i>Probation</i>		
	<i>Pre-Survey *(n=245)</i>	<i>Post-Survey *(n=249)</i>	<i>Follow-Up Survey (n=17)</i>	<i>Pre-Survey *(n=134)</i>	<i>Post-Survey *(n=135)</i>	<i>Follow-Up Survey (n=10)</i>	<i>Pre-Survey *(n=75)</i>	<i>Post-Survey *(n=78)</i>	<i>Follow-Up Survey (n=7)</i>
Very Unlikely (1)	8.6% (21)	6.8% (17)	0% (0)	8.2% (11)	5.9% (8)	0% (0)	6.7% (5)	7.7% (6)	0% (0)
Unlikely (2)	8.2% (20)	8.0% (20)	5.9% (1)	6.7% (9)	7.4% (10)	10% (1)	6.7% (5)	7.7% (6)	0% (0)
Neither Likely or Unlikely (3)	20.4% (50)	27.7% (69)	35.3% (6)	16.4% (22)	20.0% (27)	30% (3)	25.3% (19)	32.1% (25)	42.9% (3)
Likely (4)	26.1% (64)	29.7% (74)	29.4% (5)	23.1% (31)	31.9% (43)	20% (2)	32.0% (24)	32.1% (25)	42.9% (3)
Very Likely (5)	36.7% (90)	27.7% (69)	29.4% (5)	45.5% (61)	34.8% (47)	40% (4)	29.3% (22)	20.5% (16)	14.3% (1)
Total	100% (245)	100% (249)	100% (17)	100% (134)	100% (135)	100% (10)	100% (75)	100% (78)	100% (7)

**Note: Due to missing data, the total number of participants with valid scores is different in the pre and post-surveys. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

Average scores for the item were also examined. When examining all locations, the average score when asked how likely it was that the participant would have sex in the next 3 months on the pre-survey was 3.7, which is between “Neither Likely or Unlikely” and “Likely”. On the post survey, the average score was 3.6, also between “Neither Likely or Unlikely” and “Likely”.

With so few participants having completed the 3-month follow-up survey, it is not possible to make conclusions based on these data. However, using data collected in this period, prior to receiving training, the average score when asked

how likely it was that the participant would have sex in the next 3 months was 3.7 and 3 months after training, the average score was 3.8. Average scores for each location are presented below in Table 3.2.

Table 3.2. Average Scores and Percent of Change in Intention to Abstain across All Location

<i>Intention to Abstain</i>	<i>All Locations</i>		<i>Detention</i>		<i>Probation</i>	
	<i>Pre-Survey (n=245)</i>	<i>Follow-Up Survey (n=17)</i>	<i>Pre-Survey (n=134)</i>	<i>Follow-Up Survey (n=10)</i>	<i>Pre-Survey (n=75)</i>	<i>Follow-Up Survey (n=7)</i>
Average Score	3.7	3.8	3.9	3.9	3.7	3.7
<i>*Note: Follow-Up survey results for foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an "invalid response" and were not included in the analyses.</i>						

Progress Summary

(PRELIMINARY DATA FOR INFORMATION ONLY)

The Southern Nevada Health District has not yet met their goal of 65% of program participants demonstrating an increase in intention to abstain from sex at least 6 months post curriculum. This goal cannot be measured until 6 month follow up surveys are administered, however, based on this early analysis at the three month follow up survey, only 23.5% of participants reported an increased intention to abstain from sex. It is important to note that this finding is based on only 16 participants having valid responses for the follow-up survey, once the follow-up surveys have been administered for all pilot participants at both 3 and 6 months, the percentage of participants that have increased or decreased their intention to abstain will likely change.

Outcome Goal Three

50% of program participants will report a reduction in sex partners as compared to pre-curriculum testing

(PRELIMINARY DATA FOR INFORMATION ONLY)

In previous studies, participants who received the Be Proud! Be Responsible! curriculum have reported having fewer sex partners in the 3 months after receiving the training as compared to the 3 months prior to the training (Jemmott, Jemmott, & Fong, 1992).

Methods

The third outcome goal is for 50% of program participants to report a reduction in sex partners as compared to pre-curriculum testing. To assess this goal, the question “During the past 3 months, how many people did you have sex with” was asked on the pre-survey and both of the follow-up surveys administered at 3 and 6 months following the curriculum.

Participants who responded to the question by stating that they had never had sex, or preferred not to answer were not included in the analyses. The question responses were coded to correspond to the number of partners indicated. See Table 4.0 below for more detailed information about the response choices provided and the values related to each response.

Table 4. Response Choices and Values

<i>Response</i>	<i>Response Value</i>
I have had sex, but not during the last 3months	0
1 person	1
2 people	2
3 people	3
4 people	4
5 people	5
6 people or more	6

Once the responses were coded so that the value for each response corresponded to the number of partners indicated, the follow-up values were subtracted from the pre-survey values for each of the participants that had a valid scores for each survey which resulted in a “change score”. This number represents the percent of participants that increased, decreased, or had no change in their number of reported partners in the last 3 months. In addition, the average number of partners was also calculated from the values reported between the pre and follow up surveys and the percent of change has been reported.

Although this will provide an idea of how many partners a participant has had before the program and 3 months following the program, surveys for the future implementation years should include a question with an open-response option so a participant can write in the number of partners they have had and not respond based on pre-determined response categories.

Findings

A total of 194 participants had a valid response when asked “During the past 3 months, how many people did you have sex with?” on the pre-survey and 12 participants had a valid response when asked during the follow-up survey. There were 11 participants with a valid score on both the pre-survey and follow-up survey and were used for analysis.

When comparing the pre-survey responses to the follow-up survey responses, 27.3% (3) of the participants demonstrated a decrease in the number of partners, 18.2% (2) of the participants demonstrated an increase in the number of partners, and 54.5% (6) of the participants demonstrated no change in number of partners from the pre-survey to the follow-up survey.

Participants in detention demonstrated a larger decrease in number of partners from the pre-survey to the 3-month follow-up survey (33.3%) compared to participants in probation (20.0%). Table 4.1 displays the percent of participants that demonstrated a decrease, increase, or no change in the number of partners from the pre-survey to the 3-month follow-up survey across all locations.

Table 4.1. Change in Sex Partners across All Locations

<i>Change in Sex Partners*</i>	<i>All Locations (n=11)</i>	<i>Detention (n=6)</i>	<i>Probation (n=5)</i>
Decrease in Number of Partners	27.3% (3)	33.3% (2)	20.0% (1)
No Change in Number of Partners	54.5% (6)	33.3% (2)	80.0% (4)
Increase in Number of Partners	18.2% (2)	33.3% (2)	0.0% (0)
Total	100% (11)	100% (6)	100% (5)

**Note: Results from foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

More detailed information regarding participant responses can be found in Table 4.2. This information has been provided regardless of whether or not participants provided an answer to the question on all surveys.

Table 4.2. Number of Sex Partners in the Past 3 Months

<i>Response Categories*</i>	<i>All Locations</i>		<i>Detention</i>		<i>Probation</i>	
	<i>Pre-Survey (n=194)</i>	<i>Follow-Up Survey (n=12)</i>	<i>Pre-Survey (n=120)</i>	<i>Follow-Up Survey (n=6)</i>	<i>Pre-Survey (n=53)</i>	<i>Follow-Up Survey (n=6)</i>
Have had sex but not in the last 3 months (0)	16.0% (31)	25.0% (3)	13.3% (16)	0.0% (0)	18.9% (10)	50.0% (3)
1 Person (1)	38.7% (75)	41.7% (5)	35.0% (42)	33.3% (2)	39.6% (21)	50.0% (3)
2 People (2)	20.1% (39)	8.3% (1)	18.3% (22)	16.7% (1)	26.4% (14)	0.0% (0)
3 People (3)	6.2% (12)	16.7% (2)	8.3% (10)	33.3% (2)	1.9% (1)	0.0% (0)
4 People (4)	8.2% (16)	8.3% (1)	10.0% (12)	16.7% (1)	7.5% (4)	0.0% (0)
5 People (5)	4.1% (8)	0.0% (0)	5.0% (6)	0.0% (0)	3.8% (2)	0.0% (0)
6 People or more (6)	6.7% (13)	0.0% (0)	10.0% (12)	0.0% (0)	1.9% (1)	0.0% (0)
Total	100% (194)	100% (12)	100% (120)	100% (6)	100% (53)	100% (6)

**Note: Results from foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an "invalid response" and were not included in the analyses.*

Progress Summary

(PRELIMINARY DATA FOR INFORMATION ONLY)

The Southern Nevada Health District has not yet met their goal of 50% of program participants reducing their number of sex partners, as based on this early analysis only 27.3% of participants reported a decrease in sex partners. It is important to note that, this finding is based on only 11 participants having valid responses for the follow-up survey, once the follow-up surveys have been administered for all pilot participants, the percentage of participants that have reduced or increased their number of partners may change. Additionally, for Year 1 of full implementation, this question should be changed to an open-response question. This will provide a better measure of progress toward this goal as all changes in number of partners will be captured and not limited by the upper category of "6 or more".

Outcome Goal Four

50% of participants will report an increase in condom use at 3 months and 6 months compared to pre-curriculum testing

(PRELIMINARY DATA FOR INFORMATION ONLY)

Participants receiving both the Be Proud! Be Responsible! (Jemmott, Jemmott, & Fong, 1992; Jemmott, Jemmott, Fong & Morales, 2010) and iCuidate! (Villarruel, Jemmott, & Jemmott, 2006) curricula have demonstrated an increase in condom use post-curriculum.

Methods

The fourth outcome goal is for 50% of the program participants to report an increase in condom use at 3 months and 6 months as compared to pre-curriculum testing. This is assessed by two questions asked in the Sexual History portion of both the pre survey and follow up surveys. The questions asked are: “Did you or your partner use a condom during the last time you had sex?” and “How often do you use a condom during sex?” These questions were asked on both the pre, 3 month, and 6 month follow-up surveys. However, because this was a pilot year of the program, there were changes made to the evaluation surveys and one version of the pre-survey did not include the question “Did you or your partner use a condom during the last time you had sex?” Therefore, responses for this question are missing in 15 cases. As the survey was changed during the first few weeks of the pilot, a survey version comparison table has been provided in Appendix B.

Each question was analyzed separately and is reported separately. The first, “Did you or your partner use a condom during the last time you had sex”, had the response options of “Yes”, “No”, “N/A”, or “Prefer Not to Answer”. Frequencies were calculated for each of the response options for the pre and follow-up surveys. Participants that responded to the question by stating “N/A” or those that preferred not to answer were not included in the analyses. In addition, participants who initially stated that they had never had sex were not included in the analyses.

Response options for the second question used to determine if 50% of the program participants increased their condom use (“How often do you use a condom during sex?”) , are provided in Table 5. Two of the options (“If I have a condom available to me” and “Only if my partner asks me to use a condom) were coded to match the response options of “Sometimes” because, while they provide more insight as to why a person might choose to use a condom, the options were believed to be a more detailed explanation of “Sometimes”.

In addition, respondents indicating that they had never had sex or were not sure how often they use condoms and those that preferred not to answer were not included in the analyses. To determine if program participants increased, decreased, or had no change in condom usage, the pre-survey response value was subtracted from the follow-up survey response value. If this resulted in a positive value, it was deemed an increase in condom usage and if this resulted in a negative value, it was deemed a decrease in condom usage. See Table 5 below for more detailed information about the response choices provided and the values related to each response.

Table 5. Response Choices and Values for the question “Did you or your partner use a condom during the last time you had sex?” and “How often do you use condoms during sex?”

<i>Did you or your partner use a condom the last time you had sex?</i>	
<i>Response</i>	<i>Response Value</i>
Yes	1
No	0
N/A	Not Included
Prefer Not to Answer	Not Included
<i>How often do you use condoms during sex?</i>	
Never	0
Almost Never	1
Sometimes	2
If I have a condom available to me	2
Only if my partners asks me to use a condom	2
Almost Always	3
Always	4
I am not sure	Not Included
Prefer Not to Answer	Not Included

Findings

Did you use a condom the last time you had sex?

189 participants had a valid response when asked if they used a condom the last time they had sex on the pre-survey and 14 participants had a valid response when asked the same question on the follow-up survey. 46.0% (87) of the participants reported that they **did not use** a condom the last time they had sex on the pre-survey. Additionally, 54.0% (102) of the program participants reported that they **did use** a condom the last time they had sex on the pre-survey.

Participants were asked these questions again on the follow up survey, but because so few participants have completed the survey at this time a comparison of these figures is not appropriate. This information will be presented after all follow up surveys have been completed for Year 1 participants. See Table 5.1 for frequencies of participant responses to these questions for all locations.

Table 5.1. Condom Use the Last Time the Participant Had Sex across All Locations

<i>Response Categories*</i>	<i>All Locations</i>		<i>Detention</i>		<i>Probation</i>	
	<i>Pre-Survey (n=189)</i>	<i>Follow-Up Survey (n=14)</i>	<i>Pre-Survey (n=108)</i>	<i>Follow-Up Survey (n=7)</i>	<i>Pre-Survey (n=59)</i>	<i>Follow-Up Survey (n=7)</i>
Did Use	54.0% (102)	64.3% (9)	43.5% (47)	42.9% (3)	69.5% (41)	85.7% (6)
Did NOT Use	46.0% (87)	35.7% (5)	56.5% (61)	57.1% (4)	30.5% (18)	14.3% (1)
Total	100% (189)	100% (14)	100% (108)	100% (7)	100% (59)	100% (7)

**Note: Follow-Up survey results for foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

How often do you use condoms during sex?

A total of 203 participants had a valid response when asked how often they use condoms during sex on the pre-survey and 14 participants had a valid response when asked on the follow-up survey. When comparing the pre-survey responses to the follow-up survey responses, 21.4% (3) of the program participants indicated an increase in condom usage when compared to the pre-survey, 35.7% (5) indicated a decrease in condom usage, and 42.9% (6) had no change in condom usage 3 months after the course. Table 5.2 displays the percent of participants that had a decrease, increase, or no change in condom usage from the pre-survey to the 3-month follow-up survey across all locations.

Program participants from detention demonstrated a larger increase in condom usage (42.9%) compared to probation (0.0%).

Table 5.2. Change in Condom Usage across All Locations

<i>Change in Condom Usage*</i>	<i>All Locations (n=14)</i>	<i>Detention (n=7)</i>	<i>Probation (n=7)</i>
Increased Condom Usage	21.4% (3)	42.9% (3)	0.0% (0)
No Change in Condom Usage	42.9% (6)	14.3% (1)	71.4% (5)
Decreased Condom Usage	35.7% (5)	42.9% (3)	28.6% (2)
Total	100% (14)	100% (7)	100% (7)

**Note: Results from foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an "invalid response" and were not included in the analyses*

See Table 5.3 for more information regarding participant responses.

Table 5.3. How often do you use condoms when you have sex? (All Locations)

<i>Response Categories*</i>	<i>All Locations</i>		<i>Detention</i>		<i>Probation</i>	
	<i>Pre-Survey (n=203)</i>	<i>Follow-Up Survey (n=14)</i>	<i>Pre-Survey (n=122)</i>	<i>Follow-Up Survey (n=7)</i>	<i>Pre-Survey (n=59)</i>	<i>Follow-Up Survey (n=7)</i>
Never (0)	7.9% (16)	7.1% (1)	11.5% (14)	14.3% (1)	1.7% (1)	0.0% (0)
Almost Never (1)	6.9% (14)	7.1 (1)	9.0% (11)	14.3% (1)	5.1% (3)	0.0% (0)
Sometimes (2)	38.4% (78)	42.9 (6)	39.3% (48)	42.9% (3)	37.3% (22)	42.9% (3)
Almost Always (3)	23.2% (47)	14.3 (2)	18.9% (23)	28.6% (2)	30.5% (18)	0.0% (0)
Always (4)	23.6% (48)	28.6 (4)	21.3% (26)	0.0% (0)	25.4% (15)	57.1% (4)
Total	100% (203)	100% (14)	100% (122)	100% (7)	100% (59)	100% (7)

**Note: Follow-Up survey results for foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an "invalid response" and were not included in the analyses.*

Average condom usage was also examined. When examining all locations, the average reported condom usage score on the pre survey was 2.5 out of 4, which is directly in-between "Sometimes" and "Almost Always". 3 months after receiving training, the average score was also 2.5 out of 4. Average usage for all locations are presented below in Table 5.4.

Table 5.4. Average Usage and Change in Usage across All Locations

Condom Usage*	All Locations		Detention		Probation	
	Pre-Survey (n=203)	Follow-Up Survey (n=14)	Pre-Survey (n=122)	Follow-Up Survey (n=7)	Pre-Survey (n=59)	Follow-Up Survey (n=7)
Average Usage	2.5	2.5	2.3	1.9	2.7	3.1

**Note: Follow-Up survey results for foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report. Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

Progress Summary

(PRELIMINARY DATA FOR INFORMATION ONLY)

The Southern Nevada Health District has not yet met their goal of 50% of program participants having an increase condom use, as based on this preliminary analysis, 21.4% of participants reported an increase in condom use. However, this is based on only 14 participants having valid responses for the follow-up survey, once the follow-up surveys have been administered for all participants, the percentage of participants that have increased or decreased their condom usage may change.

Additional Information Regarding Condom Use

Because only 17 follow-up surveys have been administered, we have provided averages and percent change for the four questions about condom use on the Participant Outcome Monitoring Tool to give an idea of how participants feel about condom use and usage prior, immediately after, and 3 months after the course.

See Table 5.5 for questions, averages, and percent change for these questions. Response categories for each of the question was measured on a scale of 1 to 5.

Table 5.5. Condom Use Questions, Average Scores, and Percent Change across All Locations

<i>Condom Use Questions</i>	<i>Average</i>		
	<i>Pre-Survey</i>	<i>Post-Survey</i>	<i>Follow-Up Survey</i>
How easy or hard would it be for you to use a condom when you have sex? (Scored on a scale of 1-5, 1=Very Hard, 5=Very Easy)	4.1 (243)	4.4 (249)	4.6 (17)
If your partner did NOT want to use a condom, how easy or hard would it be for you to get your partner to use one? (Scored on a scale of 1-5, 1=Very Hard, 5=Very Easy)	3.7 (243)	3.9 (249)	4.3 (17)
How do you feel about using condoms if you have sex in the next 3 months? (Scored on a scale of 1-5, 1=Very bad idea, 5=Very good idea)	4.2 (246)	4.5 (249)	4.5 (17)
How likely is it that you will use a condom every time if you have sex in the next 3 months? (Scored on a scale of 1-5, 1=Very unlikely, 5=Very likely)	3.8 (244)	4.3 (249)	4.4 (17)
<i>Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.</i>			

In addition, participants were asked how many times in the past 3 months they had sex without using a condom. Responses varied widely for this question and therefore a median was calculated instead of an average. To calculate the median, response values are arranged from the lowest to highest and the value in the middle is the median.

Prior to receiving the curriculum, the median number of times program participants had sex WITHOUT using a condom was 2 times. At the three month follow up survey, the median number of times participants had sex without a condom dropped to 0.5 times.

In Table 5.6 response values for this question have been grouped into ranges for ease of comparison. The counts and percent in each of the ranges are displayed below.

Table 5.6. Number of Times the Participants had Sex without a Condom across All Locations

<i>Sex without a Condom</i>	<i>Pre-Survey (n=163)*</i>		<i>Follow-Up Survey (n=10)*</i>	
	<i>Count (N)</i>	<i>Percent (%)</i>	<i>Count (N)</i>	<i>Percent (%)</i>
<i>Response Value</i>				
Zero Times	42	25.8	5	50.0%
1 – 10 Times	96	58.9%	4	40.0%
11 – 20 Times	10	6.1%	1	10.0%
21 – 50 Times	8	4.9%	0	0.0%
51 or More Times	7	4.3%	0	0.0%
Total	163	100%	10	100%

**Note: Total number indicated across all locations does not necessarily represent total number of program participants. Some participants did not provide an answer to the items and others provided an “invalid response” and were not included in the analyses.*

When examining all locations, 58.9% of program participants had sex 1 – 10 times without using a condom prior to the curriculum, while 3 months after the curriculum, 40.0% of program participants had sex 1 – 10 times without using a condom.

Outcome Goal Five:

Report a 50% increase in refusal skills as compared to pre curriculum testing

In a previous study by Morriss, Ulmer, and Chimnani’s (2003), participants reported that their refusal skills increased “very much” as a result of the Be Proud! Be Responsible! curriculum. Another study found an increase in refusal skills (compared to control participants) lasting four months, but that increase had disappeared one year following curriculum (Borawski et al., 2009).

Methods

The fifth outcome goal for the Teen Pregnancy Prevention Program is that 50% of program participants will report an increase in refusal skills in the post-test and follow up as compared to pre-curriculum testing. Refusal skills were assessed by using two questions administered on the pre-survey, post survey, and follow up surveys. Data to measure progress toward this goal only includes pre and post-tests as only one third of program participants were eligible for follow up surveys at the time of this report’s completion.

These questions were:

1. How easy or hard would it be for you to say “no” to sex?
2. If your partner wanted to have sex, how easy or hard would it be for you to get your partner NOT to have sex?

Question responses were added together to create a “refusal skills score”. Total scores for pre, post, and follow up surveys were used to calculate the change from baseline to post survey and from baseline to 3 month follow up survey to measure progress toward the goal of 50% of participants demonstrating an increase in refusal skills.

Findings

Two questions were used to calculate the “refusal skill score” and responses for each of those questions at pre, post and 3 month follow up are displayed in Table 6.1 and 6.2 below.

Table 6.1. How easy or hard would it be for you to say “no” to sex?

<i>Response Categories</i>	<i>Pre-Survey</i>	<i>Post-Survey</i>	<i>3 Month Follow-Up Survey</i>
Very Hard	12.2% (30)	6.8% (17)	0% (0)
Hard	13.8% (34)	6.8% (17)	5.9% (1)
Neither hard nor easy	26.8% (66)	24.5% (61)	5.9% (1)
Easy	21.1% (52)	33.3% (83)	29.4% (5)
Very Easy	26.0% (64)	28.5% (71)	58.8% (10)
Total*	100% (246)	100% (249)	100% (17)

*Totals vary for each survey due to missing data

Table 6.2. If your partner wanted to have sex, how easy or hard would it be for you to get your partner NOT to have sex?

<i>Response Category</i>	<i>Pre-Survey</i>	<i>Post Survey</i>	<i>3 Month Follow Up Survey</i>
Very Hard	9.5% (23)	5.7% (14)	0% (0)
Hard	16.5% (40)	8.1% (20)	0% (0)
Neither hard nor easy	29.2% (71)	30.2% (75)	17.6% (3)
Easy	27.6% (67)	38.2% (94)	52.9% (9)
Very Easy	17.3% (42)	17.5% (42)	29.4% (5)
Total	100% (243)	100% (246)	100% (17)

When a “refusal skill score” was calculated using both questions, 241 participants had a valid refusal score on the pre-survey, 245 participants had a valid score on the post survey and 17 participants had a valid score on the 3 month follow up survey. All measures of increase or decrease are measured from baseline using pre-survey data and comparing that to either the post survey or 3 month follow up. Results presented using follow up survey data should be interpreted with caution as only one third of participants were eligible for their follow up survey at the time of this report..

48.7% of all participants demonstrated an increase in refusal skills immediately following the curriculum when compared to their scores before completing the curriculum, and at three months post curriculum 81.3% demonstrate an increase in refusal skills.

Table 6.3. Change in Refusal Skills -All Locations

<i>Participant’s Change in Refusal Skills</i>	<i>All Locations</i>		<i>Detention</i>		<i>Probation</i>	
	<i>Post Curriculum</i>	<i>Follow Up</i>	<i>Post Curriculum</i>	<i>Follow Up</i>	<i>Post Curriculum</i>	<i>Follow Up</i>
Increase in Refusal Skills	48.7% (114)	81.3% (13)	53.9% (69)	77.8% (7)	46.5% (33)	85.7% (6)
No Change in Refusal Skills	28.2% (66)	1.2% (3)	21.1% (27)	22.2% (2)	35.2% (25)	14.3% (1)
Decrease in Refusal Skills	23.1% (54)	0% (0)	25% (32)	0% (0)	18.3% (13)	0% (0)
Total Participants	100% (234)	100% (16)	100% (128)	100% (9)	100% (71)	100% (7)

**Note: Results from foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report*

The average score during the pre-survey was 6.61 on a scale of 2-10 (2 =very hard to refuse sex, 10=very easy to refuse sex), 7.24 on the post survey and 8.53 on the follow up survey (see Table 6.4).

Table 6.4. Average Refusal Skills Score for All Participants by Location at Each Point in Time

Refusal Skills	All Locations			Detention			Probation		
	Pre	Post	Follow Up	Pre	Post	Follow Up	Pre	Post	Follow Up
Average Score (Range 2-10)	6.61	7.24	8.53	6.09	6.93	8.3	6.82	7.4	8.9
*Note: Follow-Up survey results for foster care are not provided because none of the participants from foster care were eligible for their follow-up survey at the time of this report.									

Progress Summary

At this time the Southern Nevada Health District is very close to meeting the goal of 50% of participants reporting an increase in refusal skills as compared to pre-curriculum testing. Immediately following the curriculum, 48.7% of participants demonstrated an increase in refusal skills when compared to pre-curriculum testing. While not all participants have been eligible to complete the three month follow up survey – preliminary analysis indicates a 81.3% increase in refusal skills as compared to pre curriculum testing.

6. Year One Summary and Recommendations

The Southern Nevada Health District Teen Pregnancy Prevention Program (SNHD TPP) was implemented to reduce the rate of teen births, pregnancy, and sexually transmitted infections in adolescents in Clark County, Nevada. This program is being implemented in a population of youth at greatest risks for negative health outcomes; those involved in juvenile justice services and foster care. The program's target population is unique in that they differ significantly from youth in the general population in Nevada in both the age of first sexual intercourse, and the proportion of the population who reports having ever had sex and had sex in the past three months.

84.6% of participants in the SNHD TPP reported ever having sex, while according to the 2009 Nevada Youth Risk Behavior Survey only 49% of adolescents in Nevada report ever having sex (Soule, 2009). In addition, program participants were more likely to have had sex in the past three months (65.2% of all program participants) compared to 32.7% of Nevada's adolescents as reported by the 2009 YRBS. In addition, program participants also have a higher proportion of having ever been pregnant or gotten someone pregnant than the general population (see table below for comparisons).

	SNHD TPP Participants (n=253)	2009 Nevada YRBS*
Ever had sex?	84.6%	49%
Had sex in the past three months	65.2%	32.7%
Sexual intercourse before age 13	23.4%	6.7%
Ever been pregnant or gotten someone pregnant	24.1%	5.4%

**Data for YRBS comparisons obtained from Soule, P. P. Nevada Department of Education, (2009). Nevada youth risk behavior survey report. Carson City, NV: Retrieved from <http://nde.doe.nv.gov/YRBS.htm>*

These unique circumstances provide additional challenges for SNHD TPP staff and educators to in meeting stated goals and objectives. Using limited follow up data for preliminary analysis, during the Pilot Year of the TPP program SNHD has not yet met their stated goals, but has made progress toward meeting those goals.

This progress is summarized below.

Goal	Progress in Year 1 ⁴
1. 80% of participants demonstrate an increase in knowledge about HIV transmission and prevention immediately following curriculum (Knowledge)	75.9% of Participants demonstrated an increase in knowledge about HIV transmission and prevention immediately following curriculum
2. 65% of participants will report an increase in intention to abstain from sex at least 6 months post curriculum compared to pre curriculum testing (Motivation)	While this outcome cannot be measured yet, at 3 months post curriculum 23.5% of participants demonstrated an increase in intention to abstain from sex at three months post curriculum
3. 50% of participants will report a reduction in sex partners as compared to pre curriculum testing (Behavior Change)	27.3% of participants reported a decrease in the number of sex partners at three months post curriculum as compared to pre curriculum testing
4. 50% of participants will report an increase in condom use at 3 months and 6 months compared to pre curriculum testing (Decision-making)	21.4% of participants reported an increase in condom use at three months post curriculum as compared to pre curriculum testing
5. 50% of participants will report an increase in refusal skills as compared to pre curriculum testing (Self-efficacy)	48.7% of participants demonstrate an increase in refusal skills immediately following curriculum, and 81.3% demonstrate an increase 3 months post curriculum

Recommendations for Improvement

1. Program Improvement

Many of the program’s outcome goals can only be assessed using data from 3 and 6 month follow up surveys. At the conclusion of this first year, only 34.7% of participants (88 out of 253) were eligible for their 3 month follow up survey and no participants were eligible for their 6 month follow up survey (Classes started in April 2011 so the first participant will not be contacted for 6 month follow up until October 2011). For this reason results using limited data at follow up should be interpreted with caution. NICRP will be able to draw better conclusions regarding outcome goals once the final follow up survey response rate can be calculated and proper analysis can be conducted.

However, there are two goals whose impact can be measured immediately following the curriculum. SNHD is very close to meeting both Goal 1 (improvement in knowledge about HIV/AIDS) and Goal 5 (improvement in refusal skills). SNHD should review their process evaluation to better understand how to improve these results.

⁴ NOTE: ALL COMPARISONS TO THE THREE MONTH FOLLOW UP SURVEY ARE LISTED FOR INFORMATION ONLY AND SHOULD NOT BE INTERPRETED AS AN INDICATOR OF PROGRAM SUCCESS OR FAILURE. ONLY 34% (N=88) OF PARTICIPANTS WERE ELIGIBLE FOR THEIR 3 MONTH FOLLOW UP SURVEY AT THE TIME OF THIS REPORT, AND ONLY 19.3% (N=17) COMPLETED THE FOLLOW UP SURVEY. FULL ANALYSIS WILL BE COMPLETED WHEN ALL YEAR 1 PARTICIPANTS HAVE BEEN ELIGIBLE FOR THE 3 MONTH FOLLOW UP SURVEY.

2. Outcome Evaluation Improvement

Through the pilot year data collection and analysis NICRP has made some changes to outcome evaluation protocols to improve follow up survey response rates and accuracy of measurement.

Data Collection Tools

NICRP is working with SNHD staff to refine the data collection tool and ensure that all identified limitations in questions are addressed and unnecessary questions are eliminated from the tool. These changes will be implemented before Year 2 classes begin on October 11, 2011.

Follow Up Surveys

Administration of the follow-up surveys for the Year 1 Pilot participants began on July 21, 2011. As of September 15, 2011, 17 participants have completed the 3-month follow-up survey of the 88 eligible participants for a 19.3% response rate. These participants' information has been analyzed and presented in this report.

A complete response rate and final analysis for all Year 1 Pilot participants will not be possible until December 2011, as the last course during the pilot year was not completed until August 25, 2011. However, due to the transient nature of the program's target population (youth in juvenile justice services and foster care), as well as their unique circumstances, a low response rate for follow up surveys was expected. To mitigate these issues NICRP is taking several steps to improve the response rate.

1. NICRP is working with our partners in the Clark County Department of Juvenile Justice Services (DJJS) to cross check contact information provided by program participants when information is incorrect or phone numbers are no longer in service. As of September 13, 2011, NICRP able to gain additional information for participants from DJJS for 19 participants
2. For participants that complete the curriculum during the next project year (starting October 2011), NICRP will attempt to contact participants one month post curriculum to verify/update existing contact information. Hopefully this practice will allow NICRP to recognize incomplete or incorrect information sooner, increasing the likelihood that DJJS will have better information for the participant as well as remind participants about the program and the incentive to complete the follow up surveys.
3. NICRP has also adjusted the calling protocol for staff to include evening and weekend hours for making follow up calls. Although these times are outside of traditional NICRP hours, schedules have been changed to make calls at optimum times to reach participants at home. NICRP is much more likely to complete a follow up survey for a participant at the time of the call, as opposed to leaving messages or scheduling time to complete the survey.

Appendix A: Participant Demographics

Demographic Variable	Count (N)	Percent (%)
Gender	253	100%
Male	146	57.7
Female	91	36.0
Missing	16	6.3
Home Language*		
English	207	81.8
Spanish	84	33.2
Both	53	20.9
Missing	15	5.9
<i>*Response options are not mutually exclusive so total will not add to 100%</i>		
Ethnicity	253	100%
Hispanic or Latino	125	49.4
Not Hispanic or Latino	108	42.7
Missing	20	7.9
Race	253	100%
American Indian/Alaska Native	6	2.4
Black or African American	60	23.7
Native Hawaiian or Pacific Islander	5	2.0
White	25	9.9
Multiple Races	61	24.1
Other	25	9.9
Missing	71	28.1
Grade Level	253	100%
6 th Grade	2	.8
7 th Grade	11	4.3
8 th Grade	23	9.1
9 th Grade	47	18.6
10 th Grade	42	16.6
11 th Grade	55	21.7
12 th Grade	42	16.6
Not Currently in School	15	5.9
Missing	16	6.3
Program Implementation Location	253	100%
Detention	138	54.5
Unit E-2	44	17.4
Unit E-3	43	17.0
Unit E-5	51	20.2
Probation	79	31.2
Martin Luther King, Jr.	27	10.7
Stewart	52	20.6
Foster Care	36	14.2
SAFY	29	11.5
East	7	2.8
“Single Parent” Household?	253	100%
Yes	120	47.4
No	117	46.2
Missing	16	6.3

Appendix B: Survey Version Comparison

Pre-Survey Item	Version 1	Version 2	Version 3	Version 4
<i>Dates Used</i>	4/21/2011	4/28/11 - 4/29/11	5/12/11 - 6/30/11	7/7/11 - Present
Were you ever taught in school about AIDS or HIV infection?	x	x	x	x
Have you ever had sex?	x	x	x	x
How old were you the first time you had sex?		x	x	x
Did you have sex for the first time before the age of 13?	x			
In your lifetime how many people have you had sex with?		x	x	x
Have you ever been tested for HIV or other sexually transmitted infections (also known as STDs?)		x	x	x
Please check any of the following STDs you have had		x	x	x
Did you or your partner use a condom during the last time you had sex?	x		x	x
How often do you use condoms during sex?	x	x	x	x
Did you or your partner use an effective form of birth control to prevent pregnancy before the last time you had sex?		x	x	x
Did you or your partner use birth control pills last time to prevent pregnancy	x			
Please check the type of birth control you use most frequently to prevent pregnancy		x	x	x
How old were you the first time you became or got someone pregnant even if no child was born?	x	x	x	x
To the best of your knowledge, how many times have you been or gotten someone pregnant?	x	x	x	x
Did you drink alcohol before the last time you had sex?	x	x	x	x
How often do you drink alcohol or use drugs before sex?	x		x	x
During the past three months, how many people did you have sex with?	x	x	x	x
In the past three months, how many times did you have sex?			x	x
In the past three months, how many times did you have sex without using a condom?		x	x	x
In the past three months, how many times have you had sexual intercourse without using an effective form of birth control?		x	x	x
To the best of your knowledge, in the past three months did you become pregnant or get someone pregnant?	x	x	x	x
If you answered yes above, did you plan to become or make the person pregnant that time?	x	x	x	x
In the past three months, have you had sex even though you didn't want to because you were threatened or physically forced?		x	x	x

Have you ever had sex because you were threatened or physically forced against your will	x			
In the past three months, have you exchanged sex for drugs, money, food, shelter, or transportation?		x	x	x
Have you ever had sex for drugs, money, food, shelter, or transportation?	x			
What is your sexual orientation?	x	x	x	x
The people you have had sex with include	x	x	x	x
What types of sex do you practice?	x	x	x	x
What course are you taking?	x	x	x	x
AIDS is a medical condition in which your body cannot fight off diseases	x	x	x	x
Anyone can get HIV/AIDS	x	x	x	x
AIDS can be cured	x	x	x	x
Abstinence is the only sure way of preventing HIV/AIDS infection	x	x	x	x
You can tell by looking whether someone is HIV positive	x	x	x	x
Condoms are effective in prevention HIV infection	x	x	x	x
You can get HIV/AIDS by sharing a needle with someone who is infected with the AIDS virus	x	x	x	x
Having only one boyfriend or girlfriend is a sure way to prevent HIV infection	x	x	x	x
HIV can be spread by using someone's personal belongings or sitting on a toilet seat	x	x	x	x
HIV is present in semen, blood, vaginal secretions, or the breast milk of infected people	x	x	x	x
Are you concerned you are at risk for HIV/AIDS or sexually transmitted infections?	x			
Are you worried you are at risk for getting HIV/AIDS or other sexually transmitted infections?		x	x	x
How do you feel about having sex in the next three months?	x	x	x	x
How do you feel about using condoms if you have sex in the next three months?	x	x	x	x
How do you feel about using an effective form of birth control in the next three months?		x	x	x
How easy or hard would it be for you to say no to sex?	x	x	x	x
How easy or hard would it be for you to use a condom when you have sex?	x	x	x	x
How easy or hard would it be for you to use an effective form of birth control when you have sex?		x	x	x
If your partner wanted to have sex, how easy or hard would it be for you to get your partner not to have sex?	x	x	x	x
If your partner did not want to use a condom, how easy or hard would it be for you to get your partner to use one?	x	x	x	x

If your partner did not want to use an effective form of birth control, how easy or hard would it be for you to get your partner to use one?		x	x	x
How likely is it that you will have sex in the next three months?	x	x	x	x
How likely is it that you will use a condom every time if you have sex in the next three months?	x	x	x	x
If you have sex in the next three months, how likely is it that you will use an effective method of birth control?	x	x	x	x
Post-Survey Item	Version 1	Version 2	Version 3	Version 4
<i>Dates Used</i>	4/21/2011	4/28/11 - 4/29/11	5/12/11 - 6/30/11	7/7/11 - Present
Would you say that being in BPBR or Cuidate has made you more or less likely to have sex in the next three months?	x	x	x	x
If you were to have sex in the next three months, would you say that being in BPBR or Cuidate has made you more or less likely to use an effective method of birth control?	x	x	x	x
If you were to have sex in the next three months, would you say that being in BPBR or Cuidate has made you more or less likely to use a condom?	x	x	x	x
AIDS is a medical condition in which your body cannot fight off diseases	x	x	x	x
Anyone can get HIV/AIDS	x	x	x	x
AIDS can be cured	x	x	x	x
Abstinence is the only sure way of preventing HIV/AIDS infection	x	x	x	x
You can tell by looking whether someone is HIV positive	x	x	x	x
Condoms are effective in prevention HIV infection	x	x	x	x
You can get HIV/AIDS by sharing a needle with someone who is infected with the AIDS virus	x	x	x	x
Having only one boyfriend or girlfriend is a sure way to prevent HIV infection	x	x	x	x
HIV can be spread by using someone's personal belongings or sitting on a toilet seat	x	x	x	x
HIV is present in semen, blood, vaginal secretions, or the breast milk of infected people	x	x	x	x
Are you concerned you are at risk for HIV/AIDS or sexually transmitted infections?	x			
Are you worried you are at risk for HIV/AIDS or other sexually transmitted infections?		x	x	x
How do you feel about having sex in the next three months?	x	x	x	x
How do you feel about using condoms if you have sex in the next three months?	x	x	x	x
How do you feel about using an effective form of birth control in the next three months?		x	x	x

How easy or hard would it be for you to say no to sex?	x	x	x	x
How easy or hard would it be for you to use a condom when you have sex?	x	x	x	x
How easy or hard would it be for you to use an effective form of birth control when you have sex?		x	x	x
If your partner wanted to have sex, how easy or hard would it be for you to get your partner not to have sex?	x	x	x	x
If your partner did not want to use a condom, how easy or hard would it be for you to get your partner to use one?	x	x	x	x
If your partner did not want to use an effective form of birth control, how easy or hard would it be for you to get your partner to use one?		x	x	x
How likely is it that you will have sex in the next three months?	x	x	x	x
How likely is it that you will use a condom every time if you have sex in the next three months?	x	x	x	x
If you have sex in the next three months, how likely is it that you will use an effective method of birth control?	x	x	x	x
Follow-Up Survey Item	Version 1			
<i>Dates Used</i>	<i>7/21/11 - Present</i>			
Have you ever had sex?	x			
Have you ever been tested for HIV or other sexually transmitted infections (also known as STDs)?	x			
Have you ever had any of the following sexually transmitted infections (STDs)?	x			
Did you or your partner use a condom during the last time you had sex?	x			
How often do you use condoms during sex?	x			
Did you or your partner use an effective form of birth control to prevent pregnancy before the last time you had sex?	x			
Please check the type of birth control you use most frequently to prevent pregnancy	x			
In the past 3 months, have you had sex, even once?	x			
During the past 3 months, how many people did you have sex with?	x			
In the past 3 months, how many times did you have sex?	x			
In the past 3 months, how many times did you have sex without using a condom?	x			
In the past 3 months, how many times did you have sex without using an effective method of birth control?	x			
To the best of your knowledge, in the past 3 months did you become pregnant or get someone pregnant, even if no child was born?	x			
If you answered "yes" above, did you plan to become or make that person pregnant at that time?	x			

In the past three months, have you had sex even though you didn't want to because you were threatened or physically forced?	x
In the past three months, have you exchanged sex for drugs, money, food, shelter, or transportation?	x
AIDS is a medical condition in which your body cannot fight off diseases	x
Anyone can get HIV/AIDS	x
AIDS can be cured	x
Abstinence is the only sure way of preventing HIV/AIDS infection	x
You can tell by looking whether someone is HIV positive	x
Condoms are effective in prevention HIV infection	x
You can get HIV/AIDS by sharing a needle with someone who is infected with the AIDS virus	x
Having only one boyfriend or girlfriend is a sure way to prevent HIV infection	x
HIV can be spread by using someone's personal belongings or sitting on a toilet seat	x
HIV is present in semen, blood, vaginal secretions, or the breast milk of infected people	x
Are you worried you are at risk for HIV/AIDS or other sexually transmitted infections?	x
How do you feel about having sex in the next three months?	x
How do you feel about using condoms if you have sex in the next three months?	x
How do you feel about using an effective form of birth control in the next three months?	x
How easy or hard would it be for you to say no to sex?	x
How easy or hard would it be for you to use a condom when you have sex?	x
How easy or hard would it be for you to use an effective form of birth control when you have sex?	x
If your partner wanted to have sex, how easy or hard would it be for you to get your partner not to have sex?	x
If your partner did not want to use a condom, how easy or hard would it be for you to get your partner to use one?	x
If your partner did not want to use an effective form of birth control, how easy or hard would it be for you to get your partner to use one?	x
How likely is it that you will have sex in the next three months?	x
How likely is it that you will use a condom every time if you have sex in the next three months?	x
If you have sex in the next three months, how likely is it that you will use an effective method of birth control?	x

Appendix C: References

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