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Inland Agency HABLO

CCG EVALUATION REPORT 2010-2011

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HABLO Evaluation

(Helping Adolescents Build Life Options)

CCG 2010-2011

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ABSTRACT & SUMMATION: An evaluation of each of the interventions implemented by Inland Agency's HABLO collaborative in the 2010-2011 program year under the Community Challenge Grant.

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Introduction

INTRODUCTION

Funded by California's Office of Family Planning under the Community Challenge Grant (CCG), Inland Agency HABLO (Helping Adolescents Building Life Options) was formed to reduce teen and unintended pregnancies in San Bernardino County. HABLO interventions are described in the table below.

IA HABLO Project Interventions¹

INTERVENTION	DESCRIPTION	EVALUATION METHODOLOGY
Life Options	This prevention education intervention reaches at least 300 males and females through 8, 90-minute sessions. Among the topics covered include cultural awareness, goal-setting, self-esteem, sexually transmitted infections, and pre-employment skills. This intervention targets youth under 19 years of age.	Pre-Post Survey for each of 4 modules: (1) Family life/Sex Education; (2) Life Enhancement; (3) Cultural Awareness; and (4) Pre-Employment
Informational Presentations	The informational presentations reach at least 75 youth annually. These one-shot, 30-minute presentations address sexually-transmitted infections (STIs), birth control methods, HIV/AIDS, Family PACT services, and personal values regarding sexuality. The presentations are offered at local community centers.	Pre-Post Survey
Male Involvement Program (MIP)	The Male Involvement Program (MIP) reaches at least 75 males between the ages of 15-19 years old through a series of 8, 90-minute sessions. The curriculum covers a range of male-related topics and issues, including male identity, relationships and communication, sexually transmitted infections and birth control methods, and pre-employment skills, among other topics.	Pre-Post Survey
Peer Provided Services	Peer Provided Services are implemented as a 40-session intervention (2 hours each session) and administered to teens 15 to 19 years of age. Four teens are recruited to become Peer Educators in the HABLO program.	Pre-Post Survey
Community Event	Targeting 300 community members, the community event hosted by Inland Agency HABLO promotes teen health and encourages community involvement. The event is held during teen pregnancy prevention month (May).	Feedback Survey

¹ This list excludes the clinical linkages intervention, which is not evaluated locally. Each agency funded under CCG is expected to raise teen's awareness of available pregnancy prevention services and refer youth to those services.

THE PURPOSE OF THIS REPORT

The purpose of this report is to present the results of the local evaluation, which was designed not only to measure the impact of each intervention but also to gather information to help Inland Agency improve the quality of its services.

Each chapter in this report is dedicated to one of the interventions offered by Inland Agency. In each chapter, we briefly describe the purpose of the intervention, summarize the evaluation methodology used, identify the measurable outcomes associated with the intervention, and review the findings.

SUMMARY OF KEY FINDINGS

The key findings of the local evaluation are summarized in the table below. More detail on findings from this evaluation is provided in each chapter.

Summary of Key Findings

INTERVENTION	KEY FINDINGS
Life Options	<ul style="list-style-type: none"> ▶ 34% of youth increased their knowledge of pregnancy prevention, while 50% did not change their knowledge level at all ▶ 33% increased their knowledge based on a test of participants' knowledge of STIs and HIV. Nearly half (46%) of youth did not change their score at all. ▶ 26% were able to identify at least one Family PACT provider in their area.
Informational Presentations	<ul style="list-style-type: none"> ▶ 17% increased their knowledge of STI prevention. ▶ None of the youth increased their knowledge of pregnancy prevention. One-third exhibited no change in their knowledge score, meaning that two-thirds actually saw their score drop. ▶ 14% of youth increased their knowledge of both STI and pregnancy prevention by at least 10%. ▶ 42% of youth were able to identify a local Family PACT provider.
Male Involvement Program (MIP)	<ul style="list-style-type: none"> ▶ 56% increased their knowledge of male sexual behaviors by at least 10%. While short of the goal of 60%, this is still a positive finding. ▶ Fifty-seven percent (57%) increased their knowledge of BCMS and STIs, but only 45% did so by at least 10%. ▶ Forty-one percent (41%) of males demonstrated improved attitudes toward dating violence. Fifty-seven percent (57%), while 32% demonstrated no change at all.
Peer Provided Services	<ul style="list-style-type: none"> ▶ Survey results showed a substantial increase in participants' knowledge of teen pregnancy prevention methods, STI prevention, and risky behaviors (Outcome 4). All participants demonstrated an average increase of 42 percentage points, with no participant having less than a 28-point increase. This was enough to satisfy Outcome 4, which required that 50% of participants increased their knowledge by 20% or more.
Community Event	<ul style="list-style-type: none"> ▶ 42% of respondents indicated that they wanted to learn more about the HABLO program ▶ A vast majority believe teen pregnancy is a big problem in their community (79%), teens are having sex (81%), teens should wait until they are older (82%), and age-appropriate sexuality education should be taught in school (84%).

Life Options

LIFE OPTIONS

Life Options is a prevention education intervention that reaches at least 300 males and females through 8, 90-minute sessions. Among the topics covered include cultural awareness, goal-setting, self-esteem, sexually transmitted infections, and pre-employment skills. This intervention targets youth under 19 years of age.

EVALUATION METHODOLOGY

Life Options is evaluated via a series of pre- and post-surveys administered after each of four modules -- (1) Cultural Awareness and Responsibility, (2) Life Enhancement, (3) Family Life/Sex Education, and (4) Pre-Employment. All of the outcomes were based on the family life/sex education module, however and are identified below in **Table 1**.

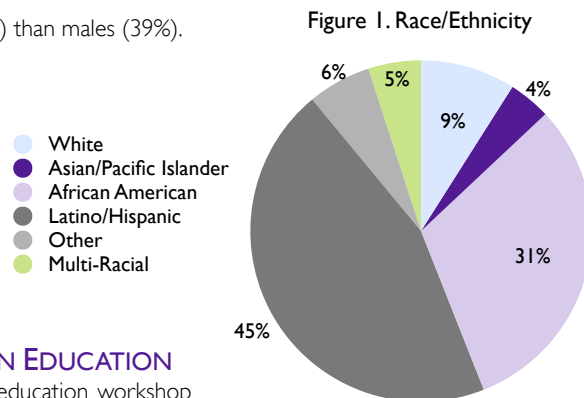
Table 1. Measurable Outcomes for *Life Options*

OUTCOME	HOW IT IS MEASURED
1. 200 participants ages 11-19 will attend the Prevention Education workshop using the Life Options curriculum.	Attendance log
2. At least 150 (75%) of participants will attend all 8 sessions of the workshop.	Attendance log
3. At least sixty percent (60%) of participants attending all 8 sessions will demonstrate a 20% increase in overall knowledge of pregnancy prevention methods at post-test.	Family Life/Sex Ed. Module: Items 6, 8a, 8b, 8c
4. At least sixty percent (60%) of participants attending all eight sessions will demonstrate a 20% increase in STI/HIV knowledge at post-test.	Family Life/Sex Ed. Module: Items 8d, 8e, 8f, 8g, 8h
5. At least a minimum of 50% of participants attending all eight sessions will be able to list at least one local Family PACT Provider service available to teens at post-test.	Family Life/Sex Ed. Module: Item 11

PARTICIPANT PROFILE

A total of 278 matched surveys were collected from each of the four modules of *Life Options* -- 73 from the cultural awareness and responsibility, family life and sex education, and life enhancement modules; and 61 youth from the pre-employment module. Additional descriptive information is below.

- ▶ **Gender.** Males made up a larger percentage of participants (61%) than females (39%).
- ▶ **Age.** A majority of participants (83%) were between 15 and 19 years old, 16% were between 11 and 14 years old, and under 1% were between 20-25.
- ▶ **Race and Ethnicity.** As shown in **Figure 1**, a majority of participants were either Latino/Hispanic (45%) or African American (31%).



OUTCOMES 1: 200 WILL YOUTH ATTEND PREVENTION EDUCATION

The first outcome states that 200 youth will attend the prevention education workshop and is verified by referring to Inland Agency HABLO's attendance logs.

OUTCOME STATUS: NOT EVALUATED THROUGH THE LOCAL EVALUATION

The status of this outcome is reported by Inland Agency HABLO in their annual Teen Pregnancy Prevention Report, which is submitted to the Office of Family Planning. This outcome was not assessed by the local evaluation consultant.

OUTCOME 2: 150 (75%) WILL ATTEND ALL 8 SESSIONS

The second outcome requires that at least 150 youth will complete the *Life Options* intervention by attending all eight sessions. This outcome can't be measured via the local evaluation survey.

OUTCOME STATUS: NOT EVALUATED THROUGH THE LOCAL EVALUATION

The status of this outcome is reported by Inland Agency HABLO in their annual Teen Pregnancy Prevention Report, which is submitted to the Office of Family Planning. This outcome was not assessed by the local evaluation consultant.

OUTCOMES 3: 60% WILL INCREASE KNOWLEDGE OF PREGNANCY PREVENTION BY 20%

The third outcome requires that at least 60% of youth completing the intervention will improve their knowledge of pregnancy prevention by 20%. This outcome was measured by a combination of a multiple-choice item and three true-false items. Responses were scored so that higher scores indicated greater knowledge and scores on the pre-survey and post-survey were compared to identify differences.

Figure 2. Knowledge of Pregnancy Prevention

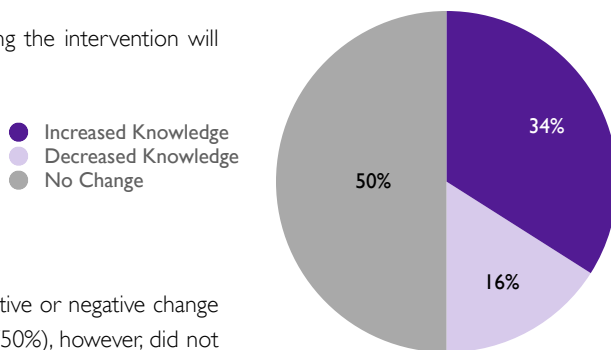


Figure 2 shows the percentage of youth that demonstrated a positive or negative change (of any magnitude) from pre- to post-survey. Half of participants (50%), however, did not change their knowledge level after completing *Life Options*. One third (34%) increased their knowledge score. Average scores increased from 2.82 (out of 4) to 3.12 (out of 4), or about 11%. All of those that increased their knowledge improved their score by more than 20%.

OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved because only 20% of youth increased their knowledge of pregnancy prevention. However, it is important to note that pregnancy prevention knowledge was high initially, making further increases -- at least substantial ones -- unlikely.

OUTCOMES 4: 60% WILL INCREASE STI/HIV KNOWLEDGE BY 20%

The fourth outcome, like the third, requires that 60% of youth increase their knowledge by 20%. This time, however, youth are to demonstrate an increased knowledge of STI and HIV. This outcome was measured by five true-false items, which were given a score of "1" if correct and "0" if incorrect. A total score of 5 was possible.

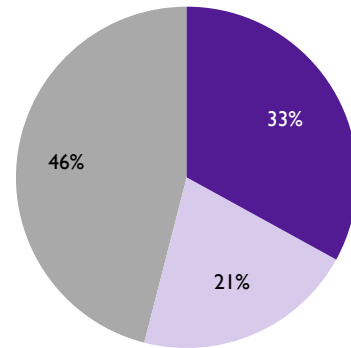
Figure 3 shows the percentage of youth that demonstrated a positive or negative change (of any size) from pre- to post-survey. As with knowledge of pregnancy prevention, the largest percentage of youth (about half) did not demonstrate any improvement in their score, while 29% of youth did.

OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved. Only 33% increased their knowledge of STIs and HIV. A large percentage of youth (i.e., 46%) did not change their score at all. Participants' average score increased a modest 8%.



Figure 2. Knowledge of Pregnancy Prevention



OUTCOMES 5: 50% ABLE TO LIST ONE FAMILY PACT PROVIDER

The fifth and final outcome states that at least half of the youth completing *Life Options* should be able to list at least one Family PACT provider. This is measured by a simple question asking youth to write out one local Family PACT provider in their area. On the pre-survey, 28% of youth (20 out of 72) were able to do so. This percentage declined slightly to 26%.

OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, with just over a quarter able to identify at least one Family PACT provider in their area.

OTHER FINDINGS FROM SEX EDUCATION MODULE

In addition to items designed to measure the outcomes, we also asked youth how confident they were that they could practice safer sex, including their comfort-level in communicating about sex with a partner. We also asked participants how likely they were to engage in a number of sexual behaviors.

Table 2 shows the percentage of participants that were *very sure* they could engage in a number of safer sex practices. Changes from pre- to post-survey were largest for teens' perceived ability to talk to a partner about safer sex and use a condom correctly. There was no change in the percentage that were very sure that they could refuse to have sex with someone who did not want to use birth control, where just over a third of youth felt that they were very sure they could do so.

Table 2. Participants' Intent to Practice Safer Sex

ITEM	PRE-SURVEY: % VERY SURE	POST-SURVEY: % VERY SURE	CHANGE
Talk about safer sex with a partner	56%	69%	+13%
Use a condom correctly if you or your partner wanted to	76%	88%	+12%
Ask a partner about his/her other sexual partners	60%	65%	+5%
Refuse to have sex with someone who didn't want to use birth control	36%	36%	0%

Table 3 shows percentage of participants that said they were very likely to engage in the following activities:

- ▶ Have sexual intercourse
- ▶ Engage in other forms of sex (e.g., oral, anal)
- ▶ Have more than one sex partner
- ▶ If you have sex, use protection against pregnancy or STIs

As seen in **Table 3**, changes from pre- to post-survey were substantial when it came to changing teens' expectations to have sexual intercourse but little else.

Table 3. Participants' Expected Sexual Behaviors

ITEM	PRE-SURVEY: % VERY LIKELY	POST-SURVEY: % VERY LIKELY	CHANGE
Have sexual intercourse	40%	12%	-28%
Engage in other forms of sex	12%	19%	+7%
Have more than one sex partner	7%	16%	+9%
If you have sex, use protection against pregnancy or STIs	68%	71%	+3%

OTHER LIFE OPTIONS MODULES

While all of the outcomes for *Life Options* related to the Family Life/Sex Education module, we administered surveys to participants of the other modules. Results from these modules are summarized below.

LIFE ENHANCEMENT MODULE

To evaluate the Life Enhancement module of *Life Options*, we asked participants to indicate how strongly they agreed or disagreed to a series of statements about their self-concept, their friends, and problem-solving.

Table 4 shows the percentage of youth that indicated they strongly agreed to each of the statements on the pre- and post-survey. Overall, there was little change in pre- and post-survey responses, except for the item relating to non-violent solutions to problems, where the percentage of youth strongly believing that there were non-violent ways to solve problems declined by 12 percentage points.

Table 4. Participants' Responses on the Life Enhancement Module Survey

ITEM	PRE-SURVEY: % STRONGLY AGREE	POST-SURVEY: % STRONGLY AGREE	% CHANGE
Overall, I am happy with myself.	69%	72%	+3%
How a person feels about himself or herself affects his/her self-worth	46%	48%	+2%
Learning to identify my feelings can help me deal with my anger.	45%	37%	-8%
There are non-violent ways to solve problems.	50%	38%	-12%
My friends can get me to do good things.	40%	43%	+3%
Friends can help me to do bad things.	16%	16%	0%
My friends help to shape my life.	17%	14%	-3%
A cigarette is not really a drug.	21%	19%	-2%
I have a role model that I want to be like.	28%	26%	-2%

PRE-EMPLOYMENT MODULE

On the one-page survey for the pre-employment module, youth were asked to indicate how strongly they agreed or disagreed to a series of statements relating to employment and careers. **Table 5** shows the percentage of youth that indicated they strongly agreed to each of the statements below.

Table 5. Participants' Responses on the Pre-Employment Module Survey

ITEM	PRE-SURVEY: % STRONGLY AGREE	POST-SURVEY: % STRONGLY AGREE	CHANGE
One way to find a job is by surfing on the Internet.	47%	57%	+10%
When preparing a cover letter, you should make it as many pages as you can.	12%	17%	+5%
Employers do not care whether or not you have a positive attitude.	5%	15%	+10%
It is important to reward yourself, even if no one else does.	56%	61%	+5%
I know what career I would like in the future.	49%	53%	+4%
One way of keeping a job is by being responsible.	77%	80%	+3%

Another item asked teens how likely they were to apply for a job within the next six months. The percentage that said they were very likely increased from 52% to 55%, and the percentage that indicated they were somewhat likely increased from 17% to 22% after youth finished the pre-employment module.

CULTURAL AWARENESS AND RESPONSIBILITY MODULE

As with the other modules, the evaluation tool for this module consisted of a series of statements to which teens indicated how strongly they agreed or disagreed. The topics addressed by these items were diverse.

Table 6 shows percentage that strongly agreed to each statement on the pre- and post-survey. Overall, there was little change except for one item relating to whether or not someone's personal values can be learned from members of the community.

Table 6. Participants' Responses on the Cultural Awareness and Responsibility Module Survey

ITEM	PRE-SURVEY: % STRONGLY AGREE	POST-SURVEY: % STRONGLY AGREE	CHANGE
Families are very important to me.	86%	86%	0%
Men should not have the jobs that women usually have.	8%	10%	+2%
Sex role stereotyping can limit my personal dreams and life goals.	9%	13%	+4%
I am proud of my culture.	78%	83%	+5%
Words I use could mean something different to someone who speaks the same language but is from a different culture.	21%	30%	+9%
Someone's personal values can be learned from members of the community.	18%	33%	+15%
Someone's personal values can be learned from television and the movies.	21%	24%	+3%
Someone's personal values can be learned from family members.	44%	52%	+8%
Someone's personal values can be learned from friends.	30%	37%	+7%
I am happy that I have friends of all different races.	65%	73%	+8%

SUMMARY AND CONCLUSIONS

This evaluation of *Life Options* showed that the intervention had a modest impact on participants' knowledge of pregnancy prevention and STI prevention.

Among the key findings of this evaluation include the following:

- ▶ 34% of youth increased their knowledge of pregnancy prevention, while 50% did not change their knowledge level at all
- ▶ 33% increased their knowledge based on a test of participants' knowledge of STIs and HIV. Nearly half (46%) of youth did not change their score at all.
- ▶ 26% were able to identify at least one Family PACT provider in their area.

RECOMMENDATIONS

No recommendations are offered at this time.

Informational Presentations

INFORMATIONAL PRESENTATIONS

The informational presentations reach at least 75 youth annually. These one-shot, 30-minute presentations address sexually transmitted infections (STIs), birth control methods, HIV/AIDS, Family PACT services, and personal values regarding sexuality. The presentations are offered at local community centers.

EVALUATION METHODOLOGY

The informational presentations were evaluated via a two-page pre- and post-survey administered to all participants. The survey measured participants' knowledge of sexually transmitted infections (STIs), pregnancy prevention and contraception, and family pact services. We also measured participants' intent to access local Family PACT services. The survey measured the program goals (outcomes) identified in **Table I**.

Table I. Measurable Outcomes for Informational Presentations

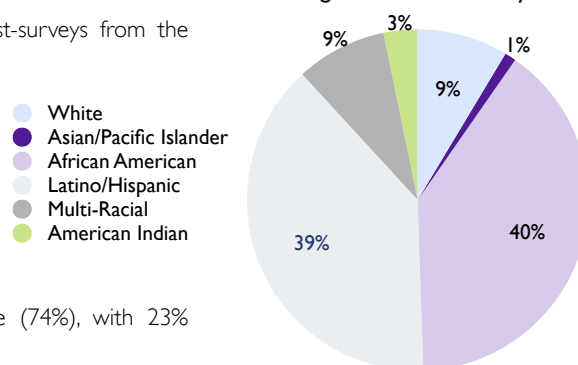
OUTCOME	HOW IT IS MEASURED
1. A minimum of 45 (60%) of participants ages 11-19 will attend at least 30 minutes of informational presentations.	Attendance log
2. 50% of participants will demonstrate a 10% increase in knowledge of STIs and pregnancy prevention methods at post-test.	Pre-Post Survey; Items 6, 7, 8a-8f
3. At least 50% will be able to list a minimum of one Family PACT provider or other resource available to teens at post test.	Pre-Post Survey; Items 9, 10a-10e

PARTICIPANT PROFILE

Inland Agency HABLO collected 77 matched pre- and post-surveys from the informational presentations this year. Descriptive information about the surveys and the attendees is provided below.

- ▶ **Gender.** Females made up a slightly larger percentage of attendees (56%) than males (44%).
- ▶ **Age.** More attendees to the informational presentations were between 15 and 19 years of age (74%), with 23% between 12-14 years of age, and just 3% under 12.

Figure I. Race/Ethnicity



- ▶ **Race and Ethnicity.** As shown in **Figure 1**, the largest percentage of attendees (37%) were African American while 36% were Latino/Hispanic.

OUTCOME 1: 45 (60%) OF PARTICIPANTS WILL ATTEND INFORMATIONAL PRESENTATIONS

The first outcome states that at least 45 (60%) of youth (ages 11-19) will attend at least 30 minutes of informational presentations. This outcome was measured by referring to Inland Agency HABLO's attendance records, but the number of matched surveys collected for this evaluation indicate that this goal was met, with 77 matched surveys collected.

OUTCOME STATUS: ACHIEVED

The number of matched pre- and post-surveys collected exceed the minimum goal of 60.

OUTCOME 2: 50% WILL INCREASE KNOWLEDGE OF STIs AND PREGNANCY PREVENTION BY 10%

The second outcome requires that half of participants completing the intervention will increase their knowledge of STIs and pregnancy prevention by at least 10%. Participants' knowledge of STIs and pregnancy prevention was measured several multiple-choice items and a series of true-false items. Pre- and post-survey responses to these items were scored, with higher scores indicating higher levels of knowledge, and the percentage change from pre- to post-survey was measured.

Figures 2 through 4 shows the percentage of respondents that exhibited a positive or negative change in their score on (1) the STI items, (**Figure 2**), (2) the pregnancy prevention items (**Figure 3**), and (3) both sets of items combined (**Figure 4**). These figures show that a larger percentage of participants increased their knowledge of STI prevention than pregnancy prevention -- 17% compared to 0%, respectively. The overall change (**Figure 4**) was substantial but not in the expected direction, with 57% exhibiting a decline in their knowledge of STI and pregnancy prevention.

Figure 2. Knowledge of STI Prevention

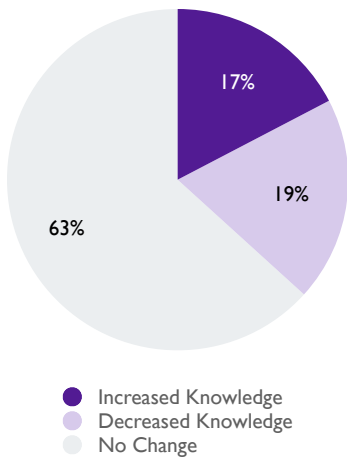


Figure 3. Knowledge of Pregnancy Prevention

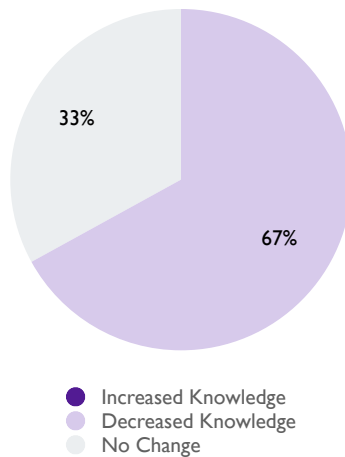


Figure 4. Knowledge of STI and Pregnancy Prevention

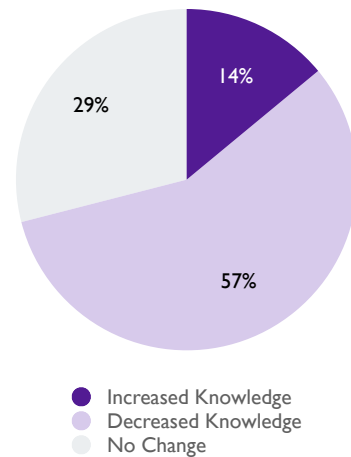
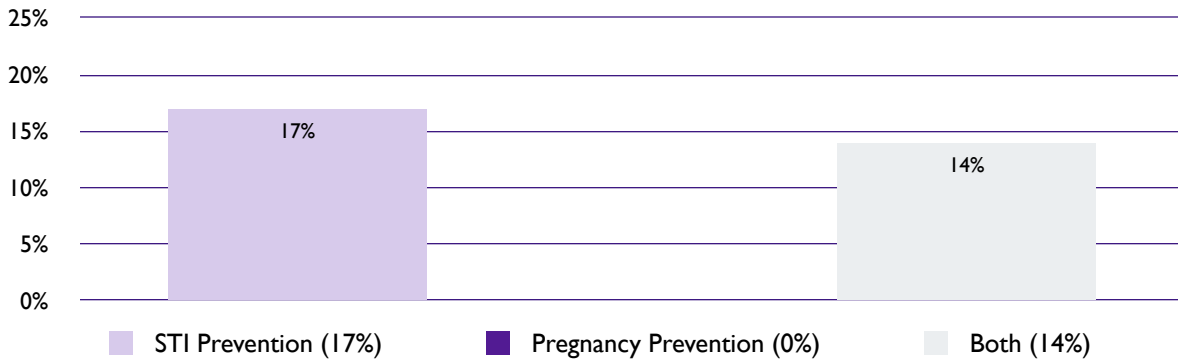


Figure 5 is a more direct measure of Outcome 2, because it shows the percentage of participants increasing their scores by at least 10%. The figure shows that overall 47% of participants increased their scores by at least 10%, just below the level required by the outcome. This result appears to have been due to the fact that only 45% of youth increased their knowledge of STIs by at least 10%. In contrast, 68% of youth increased their knowledge of pregnancy prevention.

Figure 5. Percent Increasing Their Scores by 10%



OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, with just 14% of participants increasing their knowledge of STIs and pregnancy prevention by at least 10%.

OUTCOME 3: 50% WILL IDENTIFY AT LEAST ONE LOCAL FAMILY PACT PROVIDER

This outcome requires that half of all participants be able to identify at least one Family PACT provider by the time of the post-survey. This was indicated by a response to a question asking participants to write in a local Family Clinic. Often these responses were non-specific, referring to a cross-street or street, and not the name of the clinic. We gave them credit just the same on both the pre- and post-survey.

On the pre-survey, 32 youth were able to identify a clinic (42%), while on the post-survey, 38 youth (49%) were able to identify a local clinic.

OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, but it very nearly was, with 49% of youth able to identify a local Family PACT provider.

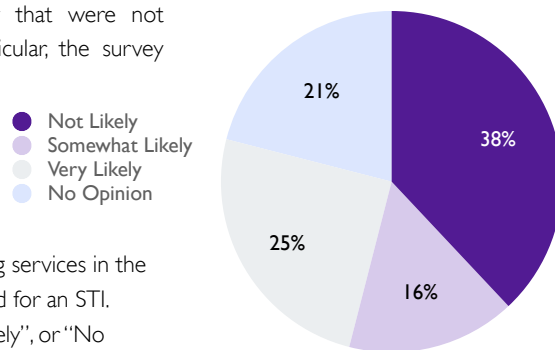
OTHER FINDINGS

We also asked youth additional questions on the survey that were not necessarily connected to the measurable outcomes. In particular, the survey asked youth about their use of Family PACT services.

We asked youth whether or not they have visited a Family PACT clinic in the last 6 months. On the post-survey, 36% indicated that they had.

We also asked youth about their intent to access family planning services in the next 6 months, including receiving birth control or getting tested for an STI. Youth could respond “Not Likely”, “Somewhat Likely”, “Very Likely”, or “No Opinion”. Results are shown in **Figure 6**. Results were promising, with 25% of participants indicating that they were very likely to access these services..

Figure 6. Likelihood of Accessing Family PACT Clinic



SUMMARY AND CONCLUSIONS

This evaluation of the informational presentations indicated that the presentations had a positive impact on teens' knowledge of pregnancy and STI prevention, but not necessarily at the level required by the intervention's measurable outcomes.

Among the key findings of this evaluation include the following:

- ▶ 17% increased their knowledge of STI prevention.

- ▶ None of the youth increased their knowledge of pregnancy prevention. One-third exhibited no change in their knowledge score, meaning that two-thirds actually saw their score drop.
- ▶ 14% of youth increased their knowledge of both STI and pregnancy prevention by at least 10%.
- ▶ 42% of youth were able to identify a local Family PACT provider.

RECOMMENDATIONS

No recommendations are offered at this time.

Male Involvement Program

MALE INVOLVEMENT PROGRAM

Using the *Wise Guys* curriculum, the Male Involvement Program (MIP) reaches at least 75 males between the ages of 15-19 years old through a series of 8, 90-minute sessions. The intervention is evaluated via a pre- and post-survey. The intervention is administered at San Andreas High School in Highland and Milor/Zupanic Continuation School in Rialto. The curriculum covers a range of male-related topics and issues, including male identity, relationships and communication, sexually transmitted infections and birth control methods, and pre-employment skills, among other topics.

EVALUATION METHODOLOGY

MIP was evaluated using a two-page pre- and post-survey. The survey measures teens' knowledge of safer sex and STIs; attitudes toward contraceptive use; and beliefs about dating violence, goals and decision-making, and teen parenthood. Each of the items was scored, with higher scores indicating higher levels of knowledge or more desirable attitudes. Participants' scores on the pre- and post-surveys were compared to identify any significant differences.

Goals for the intervention (i.e., measurable outcomes) are identified in **Table 1**.

Table 1. Measurable Outcomes for *Male Involvement Program*

OUTCOME	HOW IT IS MEASURED
1. Seventy-five (75) males will attend the Male Involvement Workshop using the WISE GUYS Curriculum.	Attendance log
2. At least 55 males participating in the Male Involvement Workshop will attend all eight (8) sessions.	Attendance log
3. Sixty percent (60%) of males attending all eight (8) sessions will demonstrate a 10% increase in knowledge of responsible male sexual behaviors in prevention of teen pregnancy at post-test.	Pre- and Post-Survey; Items 5a-5e (True-False Items)
4. At least 60% of males attending all eight (8) sessions will demonstrate a 10% increase in knowledge of birth control/contraceptive methods and STDs at post-test.	Pre- and Post-Survey; Items 6a-6f (BCM), 7a-7g (STIs)

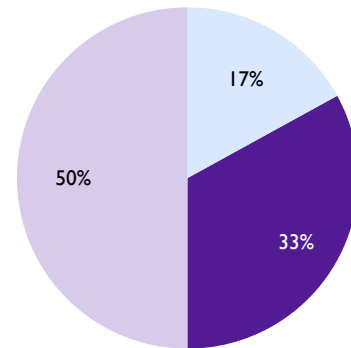
PARTICIPANT PROFILE

Eighteen (18) matched pre- and post-surveys were collected for MIP. Descriptive information about the surveys and the attendees is provided below.

- ▶ **Age.** All attendees (97%) were between 15-19 years of age.
- ▶ **Race and Ethnicity.** As shown in **Figure 1**, half were Latino/Hispanic (50%), while one third (33%) were African American. Seventeen percent (17%) were White/Caucasian.

● White
● African American
● Latino/Hispanic

Figure 1. Race/Ethnicity



OUTCOME 1: 75 WILL ATTEND MIP

The first outcome requires that at least 75 males will complete all eight sessions of the intervention. This outcome is evaluated using attendance records maintained by Inland Agency HABLO.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome is determined by consulting Inland Agency HABLO's records, as access to attendance records are needed.

OUTCOME 2: 55 WILL ATTEND ALL EIGHT SESSIONS

The second outcome states that at least 55 males will attend all eight sessions.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome appears to have been achieved. Seventy-four (74) matched pre- and post-surveys were collected.

OUTCOME 3: 60% WILL INCREASE KNOWLEDGE OF RESPONSIBLE MALE SEXUAL BEHAVIORS BY AT LEAST 10%

The third outcome states that at least 60% of youth will increase their knowledge of male sexual behaviors by at least 10% because of their participation in MIP. This outcome was measured by a series of five true-false items, which were scored so that correct answers were worth one point. Scores could range from 0 to 5.

Figure 2 shows the percentage of participants that demonstrated a positive, negative or no change in their knowledge score. The results show that 56% increased their score -- all of them increasing their score by 10% or more.

Figure 2. Knowledge of Responsible Male Sexual Behaviors

OUTCOME STATUS: NOT ACHIEVED

This outcome was very nearly achieved, with 56% of youth increasing their knowledge of male sexual behaviors by at least 10%. While short of the goal of 60%, this is still a positive finding.

● Increased Knowledge
● Decreased Knowledge
● No Change

OUTCOME 4: 60% WILL INCREASE KNOWLEDGE OF BCMS AND STIS BY AT LEAST 10%

The fourth and final outcome for MIP requires that 60% of participants increase their knowledge of birth control methods (BCMs) and sexually transmitted infections (STIs). This was measured by two sets of true-false items, scored as in the previous outcome, with higher scores associated with higher levels of knowledge. In all, 13 items were used to measure this outcome, so scores could range from 0 to 13.

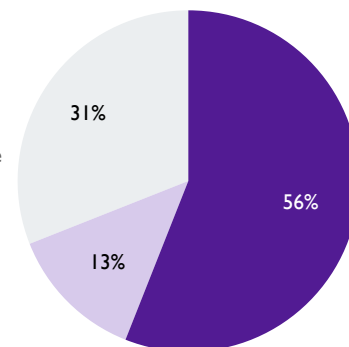


Figure 3 shows that, as with knowledge of responsible male sexual behaviors, 57% increased their score by the end of the intervention, while another 14% exhibited no change in their knowledge score. Of those that increased their score, however, only 43% increased their score by at least 10%.

OUTCOME STATUS: NOT ACHIEVED

Only 43% increased their knowledge of BCMs and STIs. The fact that over half of youth increased their knowledge was a positive finding, however:

OTHER FINDINGS

We also asked youth questions about dating violence and goals, decision-making, and teen parenthood. These items were not connected to a specific measurable outcome but did reflect curriculum goals.

DATING VIOLENCE

Three items on the survey measured males' attitudes toward dating violence. To each item, participants were asked the extent to which they agreed or disagreed (from "Strongly Disagree" to "Strongly Agree"). These items were as follows:

- ▶ *Men should not look at women as possessions or toys.*
- ▶ *Young men should set limits on their relationships.*
- ▶ *Rape is a crime of violence against a person.*

Figure 4 shows the percentage of males demonstrating more desirable attitudes toward dating and relationship violence. Forty-one percent (41%) of males demonstrated improved attitudes toward dating violence, while 18% demonstrated no change at all.

- Increased Knowledge
- Decreased Knowledge
- No Change

Figure 3. Knowledge of BCMs and STIs

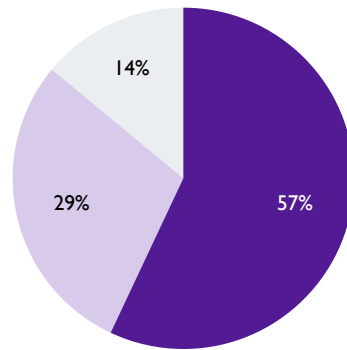
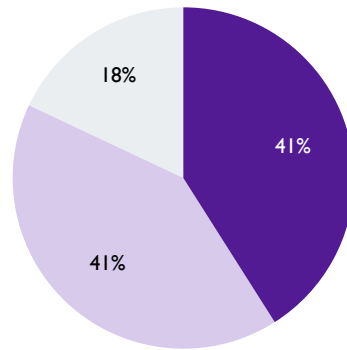


Figure 4. Attitudes towards Dating Violence

- Improved Attitudes
- Worse Attitudes
- No Change



GOALS, DECISION-MAKING, AND TEEN PARENTHOOD

Another set of items measured males' beliefs about teen parenthood and goals and decision-making. Table 2 shows the percentage of respondents that strongly agreed to each item on the pre- and post-test. The percentage change is noted.

Table 2. Beliefs and Attitudes about Goals, Decision-Making, and Teen Parenthood

ITEM	PRE-SURVEY: % STRONGLY AGREE	POST-SURVEY: % STRONGLY AGREE	CHANGE
Having a baby in my teens can affect my long-term goals.	39%	44%	+5%
Having a baby or getting someone pregnant may not be a good decision.	28%	22%	-6%
Becoming a teen parent can affect my educational goals.	33%	28%	-5%
Being a teen father means having lots of responsibilities.	50%	28%	-22%
Becoming a teen father can affect my financial success.	44%	33%	-11%

SUMMARY AND CONCLUSIONS

This evaluation suggested that the *Male Involvement Program* may have a more significant impact on males' knowledge than on their beliefs and attitudes.

Among the key findings of this evaluation include the following:

- ▶ 56% increased their knowledge of male sexual behaviors by at least 10%. While short of the goal of 60%, this is still a positive finding.
- ▶ Fifty-seven percent (57%) increased their knowledge of BCMs and STIs, but only 45% did so by at least 10%.
- ▶ Forty-one percent (41%) of males demonstrated improved attitudes toward dating violence. Fifty-seven percent (57%), while 32% demonstrated no change at all.

RECOMMENDATIONS

No recommendations are offered for MIP at this time.

Peer Provided Services

PEER PROVIDED SERVICES

Learning for Life is implemented as 40-session intervention (2 hours each session) and administered to teens 15 to 19 years of age. Four teens are recruited to become Peer Educators in the HABLO program. Participants initially receive 12 hours of intensive training to help them prepare to become peer educators. The topics covered include the following:

- ▶ What It Means to be a Peer Educator
- ▶ Teens & Sexuality
- ▶ Sexually Transmitted Infections
- ▶ Contraceptives/Family Planning Methods
- ▶ HIV/AIDS
- ▶ Teen Dating Violence
- ▶ Leading Youth-Based Groups;

The peer educators also receive additional training to further develop and strengthen their leadership and life skills. During this period *Learning for Life* provides the HABITS of Character curriculum; Cal State University San Bernardino provides training in drama and theatre; and Dameron Communications provides training in media presentation and design.

EVALUATION METHODOLOGY

Learning for Life is evaluated via a comprehensive pre- and post-survey that assesses educators' knowledge of reproductive health, STIs and HIV, birth control methods, family planning services, and other issues that are relevant to teens.

All of the outcome measures were calculated by Inland Agency HABLO rather than the local evaluation. Additionally, most of the measures are process outcomes that are evaluated by referencing attendance logs and records maintained by Inland Agency HABLO.

Table 1 lists the goals for this intervention.

Table 1. Measurable Outcomes for *Learning for Life*

OUTCOME	HOW IT IS MEASURED
1. Four (4) high school students ages 15-17 years will enroll and attend the Peer Educator Training.	Attendance logs
2. A minimum of 3 participants will attend all 40 sessions of training.	Attendance logs
3. At least 50% of participants will exhibit a 5% increase in GPA.	Student records
4. Fifty percent (50%) of participants attending all 40 sessions of training will demonstrate a 20% increase in knowledge about teen pregnancy prevention methods, STI prevention and behaviors that put adolescents at risk at post-test.	Pre- and post-survey
5. Fifty percent (50%) of participants attending all 40 sessions of training will each be able to peer mentor at least 2 teens each accessing teen center services.	Inland Agency HABLO records
6. Participants attending all 40 sessions of training will implement at least one community project.	Inland Agency HABLO records
7. Participants attending all 40 sessions of training will help to facilitate a minimum of 5 Informational Presentations to increase knowledge of STI's and pregnancy prevention methods.	Inland Agency HABLO records

PARTICIPANT PROFILE

Two males and two females participated in the peer educator training and attended all 40 sessions

OUTCOME 1: 4 YOUTH WILL ATTEND PEER EDUCATOR TRAINING

The first outcome requires that four youth enroll in the peer educator training. Inland Agency HABLO records indicated that two males and two females participated in the peer educator training and attended all 40 sessions

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome is determined by consulting Inland Agency HABLO's records, as access to attendance records are needed, but four youth did complete the intervention, suggesting that this outcome was achieved.

OUTCOME 2: 3 YOUTH WILL ATTEND 40 SESSIONS

Four youth completed all 40 sessions.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome is determined by consulting Inland Agency HABLO's records, as access to attendance records are needed.

OUTCOME 3: 50% WILL INCREASE GPA

This outcome requires that Inland Agency HABLO access participants academic records. This outcome was not measured by the local evaluator, Nexus Consulting.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome is determined by consulting Inland Agency HABLO's records and was not measured by the local evaluator.

OUTCOME 4: 50% WILL INCREASE KNOWLEDGE OF TEEN PREGNANCY AND STI PREVENTION BY 20%

This outcome is measured by the pre- and post-survey that was administered to peer educators. This outcome requires that half (or 2 educators) increase their knowledge of teen pregnancy and STI prevention by 20%.

Survey results showed a substantial increase in participants' knowledge of teen pregnancy prevention methods, STI prevention, and risky behaviors. Overall, there was an average increase of 42% in knowledge of STIs and contraception. All of the peer leaders (4 youth) increased their scores by at least 20%, with the smallest percentage increase being 28-percentage points.

OUTCOME STATUS: ACHIEVED

All participants demonstrated an average increase of at least 20%. On average, peer leaders increased their knowledge by 42%.

OUTCOME 5: 50% WILL MENTOR AT LEAST 2 TEENS

This outcome is measured by referring to Inland Agency HABLO's records and was not measured by the local evaluation consultant.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome is measured by referring to Inland Agency HABLO's records and was not measured by the local evaluation consultant.

OUTCOME 6: PARTICIPANTS WILL IMPLEMENT ONE COMMUNITY PROJECT

This outcome is measured by referring to Inland Agency HABLO's records and was not measured by the local evaluation consultant. However, Inland Agency HABLO reported that all four peer educators participated in a recycling community project where they cleaned up all of the empty cans and bottles around the community.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome, which required participants to implement at least one community project, is measured by reference to Inland Agency HABLO's records and was not measured by the local evaluation.

OUTCOME 7: PARTICIPANTS WILL HELP FACILITATE 5 INFORMATION PRESENTATIONS

This outcome is measured by referring to Inland Agency HABLO's records and was not measured by the local evaluation consultant.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome, which required participants to implement at least one community project, is measured by reference to Inland Agency HABLO's records and was not measured by the local evaluation.

SUMMARY AND CONCLUSIONS

This evaluation of *Learning for Life* suggest a successful intervention.

- ▶ Survey results showed a substantial increase in participants' knowledge of teen pregnancy prevention methods, STI prevention, and risky behaviors (Outcome 4). All participants demonstrated an average increase of 42 percentage points, with no participant having less than a 28-point increase. This was enough to satisfy Outcome 4, which required that 50% of participants increased their knowledge by 20% or more.

RECOMMENDATIONS

No recommendations are offered for the *Learning for Life* intervention at this time.

Community Event

COMMUNITY EVENT

Targeting 300 community members, the community event hosted by Inland Agency HABLO promotes teen health and encourages community involvement. The event is held during teen pregnancy prevention month (May).

EVALUATION METHODOLOGY

The community event (health fair) was evaluated using a short, one-page feedback survey. The survey collected descriptive information about attendees, assessed their attitudes toward teenage pregnancy, and asked them whether or not they would like more information about the HABLO program.

This survey was used to measure the program goals (outcomes) identified in **Table I**.

Table I. Measurable Outcomes for *Community Event*

OUTCOME	HOW IT IS MEASURED
1. Outreach to at least 300 community residents ages 11-26+ through Programming regarding teen pregnancy prevention.	Inland Agency HABLO records
2. At least fifty percent (50%) of all participants targeted for outreach will attend the National Day to Prevent Teen Pregnancy Event.	Inland Agency HABLO attendance logs
3. At least fifty percent (50%) of all participants attending the event will fill out an evaluation survey to assess knowledge, attitude and behaviors regarding the issue of teen pregnancy.	Community Event Feedback Survey
4. Of the participants completing the survey, 5% will indicate a desire to know more about the HABLO Program and will receive follow-up.	Community Event Feedback Survey; item 11, asking if they would like more information

PARTICIPANT PROFILE

One hundred and five (105) surveys were collected. Descriptive information about the participants is presented below.

- ▶ **Gender.** Females made up a slightly larger percentage of attendees (57%) than males (43%).
- ▶ **Age.** Over half of the attendees (52%) to the health fair were at least 20 years of age. One third (33%) were over 26 years old.
- ▶ **Race and Ethnicity.** As shown in **Figure I**, 42% of attendees were African American, followed by Latino/Hispanic (39%).

OUTCOME 1: REACH 300 RESIDENTS

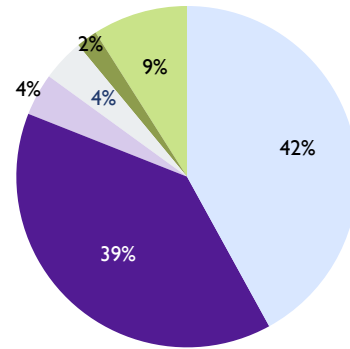
This outcome is measured by Inland Agency HABLO and was not part of the data collection for the local evaluation.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome was not measured by the local evaluation. Inland Agency HABLO's records and documentation is used to determine the status of this outcome.

- African American
- Latino/Hispanic
- White
- Other
- Asian/Pacific Islander
- Multi-Racial

Figure 1. Race/Ethnicity



OUTCOME 2: 50% OF THOSE TARGETED WILL ATTEND

This outcome is also measured by Inland Agency HABLO's records; however, given the small number of surveys collected, this outcome was probably not achieved, for it would have meant a minimum of 150 people attended the community event.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome was not directly measured by the local evaluator, Nexus Consulting. The status of this outcome is determined by referring to Inland Agency HABLO's attendance logs for the event.

OUTCOME 3: 50% ATTENDING WILL COMPLETE SURVEY

This outcome is measured by referring to attendance logs and comparing the total in attendance against the total number of surveys collected. Again, as with the other outcomes, attendance data is not maintained by the local evaluation consultant, so the status of this outcome can't be determined.

OUTCOME STATUS: NOT MEASURED THROUGH THE LOCAL EVALUATION

This outcome is not measured directly by the local evaluation consultant

OUTCOME 4: 5% WILL INDICATE DESIRE TO KNOW MORE

This outcome is measured by a single item on the community event survey, asking participants if they would like to know more about the HABLO program. If they answer "yes", they are asked to provide a phone number or e-mail address.

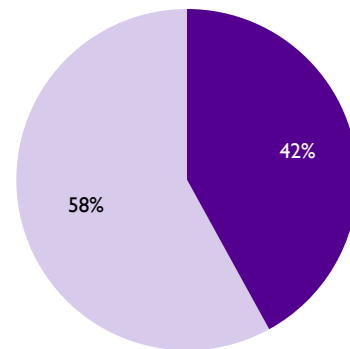
Figure 2 shows that 42% of respondents (n=30) indicated that they wanted to learn more about the HABLO program.

OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 42% of respondents indicating that they wanted to know more about HABLO program.

- Yes
- No

Figure 2. Want to Learn More about HABLO



OTHER FINDINGS

Most of the outcomes for this intervention focused on process and not on the findings of the survey. Items on the survey were used to gather important information on community attitudes toward teen pregnancy.

BELIEFS AND ATTITUDES RELATING TO TEEN PREGNANCY AND SEXUAL BEHAVIOR

Five items on the feedback survey elicited attendees' opinions about teen pregnancy, sexual behavior, and sex education. Table 1 identifies the percentage of attendees that agreed or disagreed to a series of statements.

Table 2. Community Attitudes towards Teen Pregnancy and Sexual Behavior

ITEM	PRE-SURVEY: % DISAGREEING	POST-SURVEY: % AGREEING
I think teen pregnancy is a big problem in this community.	6%	79%
I think most teens in this community are having sexual intercourse.	6%	81%
I think most teens in this community are not having sexual intercourse but are doing other sexual activities.	18%	48%
I think teens should wait until they are older before they have sex.	5%	82%
Age-appropriate sexuality education should be taught in my community's middle and high schools.	5%	84%

The table shows that a vast majority believe teen pregnancy is a big problem in their community (79%), teens are having sex (81%), teens should wait until they are older (82%), and age-appropriate sexuality education should be taught in school (84%). Slightly less than half (48%) believe that teens in their community are not having sex but are engaging in other sexual activities.

CAUSE OF TEEN PREGNANCY

We asked attendees to tell us what they think is the cause of teen pregnancy. As would be expected in any complex issue, answers were varied. Even so, a number of themes developed.

First, for most of those responding, teen pregnancy was caused by a *lack of something* -- for example, a lack of parenting, protection, or awareness.. Examples include the following:

- ▶ “Not enough support in homes, no one teaching right from wrong”
- ▶ “No communication in the home”
- ▶ “Lack of love, accept, ow self esteem, absentee dads”
- ▶ “Lack of ed, knowledge that starts in the home then in school”
- ▶ “Parents not being with their family and not getting to know them”
- ▶ “Lack of planning”
- ▶ “Unsupervised teens and unconcerned parents”

SOLVING TEEN AND UNINTENDED PREGNANCY

We also asked attendees what they felt the solution to teen pregnancy was. Most responses tended to revolve around (1) increasing knowledge and awareness, (2) increasing parental involvement, and (3) increasing the availability and use of birth control. Several comments, naturally, identified more than one of these solutions.

INCREASING AWARENESS

Many felt that increasing awareness was the key to solving the teen pregnancy problem.

- ▶ “Teach safe sex to more boys”
- ▶ “Talk about sex at all schools”

PARENTAL AND COMMUNITY INVOLVEMENT (INCLUDING PROGRAMS)

Some attendees stressed that more parental and/or community involvement was the key.

- ▶ “Free workshops, sex ed”
- ▶ “Get more parent aware and involved”

- ▶ “Enforce parental control make plenty of programs to keep teen active and focus on other things”
- ▶ “Have classes and let them know it isn't easy raising babies”
- ▶ “Baby sitting programs, expose youth to shelter issues”
- ▶ “Create programs to inform teens and their parents”

SUMMARY AND CONCLUSIONS

The local evaluation of the community event revealed the following:

- ▶ 42% of respondents indicated that they wanted to learn more about the HABLO program
- ▶ A vast majority believe teen pregnancy is a big problem in their community (79%), teens are having sex (81%), teens should wait until they are older (82%), and age-appropriate sexuality education should be taught in school (84%).

RECOMMENDATIONS

No recommendations are offered for the community event intervention at this time.