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MFI Recovery Center

CCG EVALUATION REPORT 2010-2011

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Valley-Wide Counseling Services

A Program of **MFI Recovery**

CCG 2010-2011

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ABSTRACT & SUMMATION: An evaluation of each of the interventions implemented by Valley-Wide Counseling Services/MFI under the Community Challenge Grant for the 2010-2011 program year.

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Introduction

INTRODUCTION

Funded by California's Office of Family Planning under the Community Challenge Grant (CCG), the Challenges of Youth (COY) Collaborative is a formal collaboration that primarily serves the San Jacinto-Hemet Region. It also provides services in the city of Riverside through its Life Skills intervention.

MFI Challenges of Youth Interventions

INTERVENTION	DESCRIPTION	EVALUATION METHODOLOGY
Safer Choices	<i>Safer Choices</i> is a comprehensive sexuality education program shown to delay the onset of sexual activity and increase the use of condoms and other contraceptives. COY reaches over 600 youth each year with <i>Safer Choices</i> at schools in Hemet, San Jacinto, and at the Van Horn Youth Center in Riverside.	Pre- and Post-Survey
Parent Project	The American Bar Association's Center on Children and the Law identified the <i>Parent Project</i> as the only program used by juvenile courts for parents that has a published, structured curriculum addressing adolescent problem behaviors, and the only one with a formal training process. This intervention is administered at various sites in Hemet and San Jacinto.	Focus Group/ Questionnaire
Life Skills	The life skills intervention seeks to reach at least 40 teens (aged 12-19) each year who have a history of substance abuse. The intervention is held at MFI Recovery Center in Riverside, and youth meet for 24, 45-minute sessions. Among the topics addressed in the intervention are communication, sexuality, self-awareness, decision-making, violence prevention, reducing sexual risks, and violence prevention, to name just a few.	Pre- and Post-Survey
Community Event (Teen Health Fair)	The community event for MFI is the teen health fair, which is has been held for the last two years at Hemet Valley Mall during Teen Pregnancy Prevention Month. This year was the 3rd annual teen health fair has been held.. Held on which was first held in May 7, 2011.	Participant Feedback, Vendor Feedback
Parents as Teachers	<i>Parents as Teachers</i> (PAT) promotes responsible parenting by educating teen mothers. The intervention involves individual sessions, which are usually done at the teen's home, and group sessions, which are conducted every other month. Facilitators address issues, such as emotional adjustment to pregnancy and parenthood, communicating with a health care provider, child development, and nutrition.	Pre- and Post- Parenting Survey; Program Records

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 the Valley-Wide Counseling Services/MFI improve the quality of its services.¹

Each chapter in this report is dedicated to one of the interventions offered by MFI. In each chapter, we briefly describe the purpose of the intervention, summarize the evaluation methodology used, identify the measurable outcomes associated with the intervention, review the findings, and draw conclusions and, when applicable, make recommendations for the intervention.

SUMMARY OF KEY FINDINGS

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

Summary of Key Findings

INTERVENTION	KEY FINDINGS
Safer Choices	<ul style="list-style-type: none"> ▶ Seventy-four percent (74%) of participants increased their knowledge of pregnancy and disease prevention measured via a true-false test. The increase in knowledge of pregnancy and disease prevention was statistically significant. ▶ Fifty-two percent (52%) increased their expectation to resist unsafe sex ▶ The percentage of youth that said they would access family planning services increased from 25% to 50% among all participants but only increased seven (7) percentage points among sexually active youth -- from 60% to 67%. ▶ 98% of youth increased their perceived knowledge of STIs and teen pregnancy, improving on average 67%.
Parent Project	<ul style="list-style-type: none"> ▶ Overall, parents had a favorable opinion of the Parent Project and either had experienced success using some of the techniques taught in the intervention or believed that they would be useful.
Life Skills	<ul style="list-style-type: none"> ▶ 23% of teens entered the intervention with no job-hunting experience at all while another 43% only had a little experience. ▶ Only 39% of teens increased their knowledge of STI prevention, short of the goal of 50%, but still a positive finding. ▶ Males were more likely than females to increase their knowledge of STI prevention. While not females increased their knowledge score, as evidenced by scores on the survey, 56% of males did, suggesting that the impact of the intervention on STI knowledge was limited to males. ▶ 58% of teens increased their knowledge of sex and sexuality. ▶ 43% of teens increased their knowledge of the job-search process. ▶ 64% of teens strengthened their intent to avoid drug use
Community Event	<ul style="list-style-type: none"> ▶ Eighty-two percent (82%) of respondents rated the event as "Very Good" (35%) or "Excellent"(47%). The remainder rated the event as "Good", with no one rating the event as "Poor" or " ▶ Eighty-nine percent (89%) of respondents indicated that they learned something new about teen pregnancy, and 90% indicated they learned something new about STIs. ▶ Ninety-four percent (94%) of respondents indicated that they learned something new about local services for teens. ▶ Ninety-three percent (93%) of attendees said that they would use the information they received at the health fair. This exceeded the goal of 65%, so this outcome was achieved. ▶ All of the respondents indicated that the community event benefitted their organization and gave their organization great exposure.

¹ MFI will be used interchangeably with Valley-Wide Counseling Services throughout this report.

INTERVENTION	KEY FINDINGS
Parents as Teachers	<ul style="list-style-type: none"> ▶ No less than 62% of participants were above the 50th percentile on any of the constructs ▶ Over 50% of youth increased their knowledge of early childhood development by at least 25% on two of the five constructs (Construct B and D) at the time of the first follow-up. ▶ Eighty-three percent (83%) of eligible youth graduated this year. ▶ Only 3% of teens (i.e., 1 participant) had a subsequent pregnancy while still in the intervention.

Safer Choices

SAFER CHOICES

The goal of *Safer Choices* is to reduce the incidence of primary and secondary pregnancies in teens and young adults. *Safer Choices* is a curriculum-based intervention that teaches youth about abstinence, contraception, and sexually-transmitted infections. *Safer Choices* is presented in 10, one-hour sessions. MFI's goal was to reach 605 youth this year.

EVALUATION METHODOLOGY

We evaluated *Safer Choices* locally using a pre- and post-survey designed to measure changes in participants' knowledge and understanding of safer sex and their expectation to resist unsafe sex. We selected six classes to participate in the local evaluation, with the goal of obtaining at least 100 matched surveys. This evaluation will examine how well the intervention achieved the outcomes identified in **Table I**.

Table I. Measurable Outcomes for *Safer Choices*

OUTCOME	HOW IT IS MEASURED
1. At least 50% of participants in <i>Safer Choices</i> will increase their understanding of teen pregnancy and disease prevention.	Pre-post survey; 7 true-or-false items measuring teens' knowledge of teen pregnancy and disease prevention; items were used to generate a total score.
2. At least 40% of participants in <i>Safer Choices</i> will increase their expectation to resist unsafe sex.	Pre-post survey; respondents asked whether they agree or disagree to a series of five statements measuring their expectation to practice safer sex; items were used to generate a total score.
3. Among sexually-active youth, the percentage of youth indicating they are likely to receive family planning services within the next 12 months will increase by at least 10 percentage points after completing <i>Safer Choices</i> . Sexually-active youth are those indicating they are very likely to have sex within the next 12 months on the survey.	Pre-post survey; single item asking youth the likelihood of visiting a local clinic.

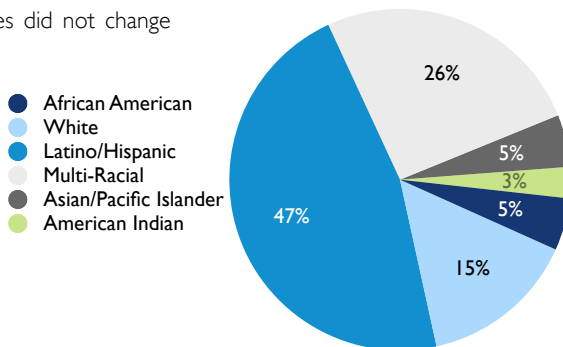
PARTICIPANT PROFILE

We collected a total of 89 matched surveys. Descriptive information about these participants is offered below.

- ▶ **Gender.** There were an equal number of males (49%) and females (51%).
- ▶ **Race/Ethnicity.** The racial and ethnic distribution of participants (based on the surveys) is illustrated in **Figure I**, which shows that nearly half (47%) were Latino/Hispanic. The second most common category were those self-identified as multi-racial (at 26%).

- ▶ **Sexual Activity.** On the pre-survey, only 6% said that they have had sexual intercourse. Roughly the same percentage (7%) said that they have engaged in other forms of sex (e.g., oral sex) on the pre-survey. These percentages did not change significantly by the post-survey. These percentages are considerably lower than they were last year.
- ▶ **Use of Protection.** On the pre-survey, just 1% of youth admitted that they didn't use any form of protection against STIs or pregnancy the first time they had sex, and another 1% couldn't remember or didn't know. The last time they had sex, 4% of youth said they did not use protection, with 2% admitting they didn't know or couldn't remember.

Figure 1. Race/Ethnicity



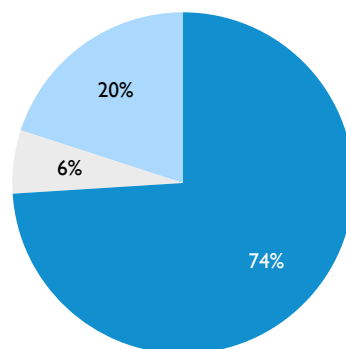
OUTCOMES I: 50% WILL INCREASE UNDERSTANDING OF TEEN PREGNANCY AND STI PREVENTION

Outcome I states that at least 75% of youth will increase their understanding of pregnancy and disease prevention. To measure this outcome, we constructed seven true-or-false items -- three measuring pregnancy prevention, four measuring STI prevention. These items were treated as an index, with one point given for each correct response. Total scores ranged from zero to seven.

Figure 2 shows the percentage of participants that increased, decreased, or did not change their score. Roughly two-thirds increased their overall knowledge of pregnancy and disease prevention, exceeding the target of 50%, and surpassing the percentage observed last year (51%).

- Increased Understanding
- Decreased Understanding
- No Change

Figure 2. Understanding Prevention (n=86)



The average pre- and post-intervention score increased 47% (or 1.52 points) -- from a pre-survey average (mean) of 3.24 (out of 7) to 4.76 on the post-survey, nearly identical to the change observed last year. This increase was statistically significant.²

OUTCOME STATUS: ACHIEVED

This outcome was achieved. Seventy-four percent (74%) of participants increased their knowledge of pregnancy and disease prevention measured via a true-false test.

OUTCOME 2: 40% WILL INCREASE EXPECTATION TO RESIST UNSAFE SEX

Outcome 2 requires that 40% of youth completing *Safer Choices* will increase their expectation to resist unsafe sex. Five items asked participants to indicate how strongly they agreed or disagreed to a series of statements about their expectation to resist unsafe sex. Total scores on these questions ranged from 5 to 25, with higher scores suggesting a greater expectation to resist unsafe sex than lower scores.

The average (mean) score on the scale increased from 20.91 to 21.80 from pre- to post-survey, which amounts to modest change of 4%.

Figure 3 shows the percentage of youth that increased, decreased, or did not change their expectation to resist unsafe sex. **Fifty-two percent increased their expectation to resist unsafe sex, exceeding the goal established for this outcome.**

² Statistical significance was determined using a one-tailed Wilcoxon signed-rank test after it was determined that scores were not normally distributed [$Z = 7.68, p < .0001$].

OUTCOME STATUS: ACHIEVED

Over 40% of youth completing *Safer Choices* increased their expectation to resist unsafe sex, meaning that this outcome was achieved.

OUTCOME 3: PERCENTAGE OF SEXUALLY ACTIVE YOUTH LIKELY TO ACCESS FAMILY PLANNING SERVICES WILL INCREASE BY 10%

Outcome 3 states that the percentage of youth that say they are likely to receive family planning services within the next 12 months will increase by 10% (i.e., 30 percentage points).

Figure 4 shows the percentage of youth that said they were *somewhat or very likely* to access family planning services. Among youth that were sexually active, the increase was seven-percentage points -- from 60% to 67%. Those that said they were *very likely* to be sexually active in the next 12 months were compared to *all* of the participants. Note that the overall increase for all youth was 25 percentage-points --from 25% to 50%.

Figure 3. Expectation to Resist Unsafe Sex (n=86)

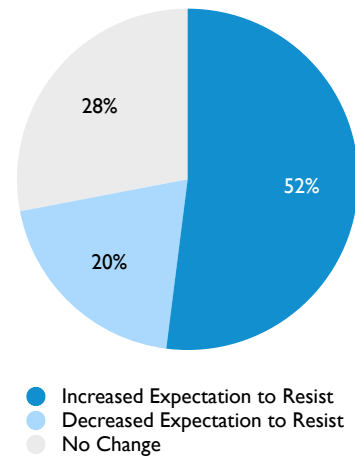
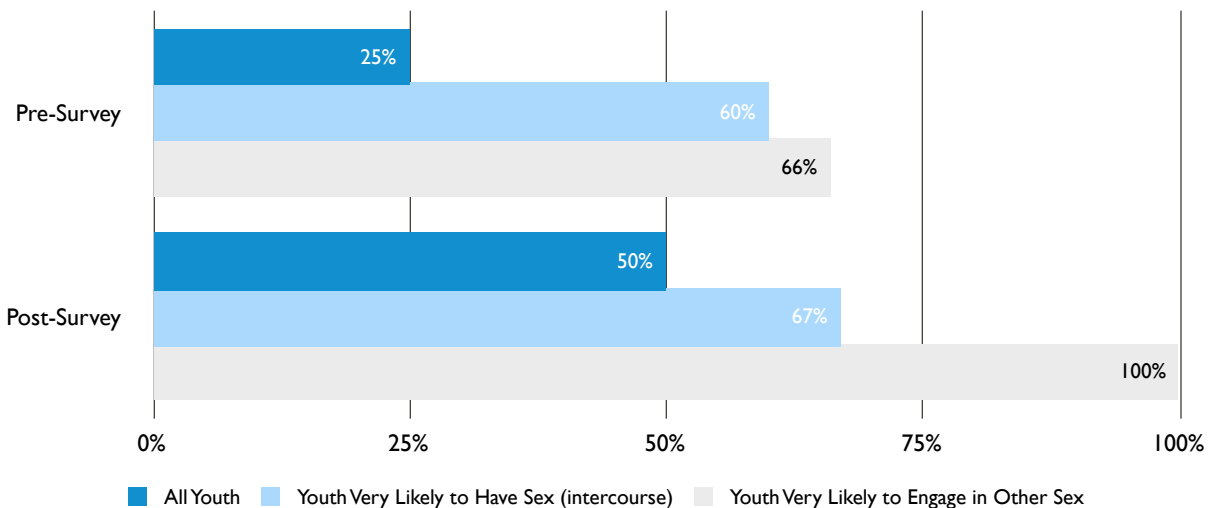


Figure 4. Percent of Youth Likely or Very Likely to Access Family Planning Services - All Youth vs. Youth Likely to Have Sex



OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved. The percentage of sexually active youth that said they were likely or very likely to receive family planning services in the next 12 months increased just seven (7) percentage points. Among youth likely to engage in other forms of sex, the increase was thirty-four (34) percentage points, but the number of youth that fell into this category was under 5.

OTHER FINDINGS

Several other items on the survey, while not directly measuring a specific outcome are important in evaluating the impact *Safer Choices* had on participants. These items measured teens' (1) perceived knowledge and (2) intended behavior.

PERCEIVED KNOWLEDGE

A series of six questions -- four concerning STI prevention knowledge, two concerning pregnancy prevention--were used to assess this goal. Each item consisted of a statement about STIs or pregnancy prevention and asked respondents to assess their knowledge of each topic. Youth selected either "A Lot", "A Little", or "Not Much". Response were scored from "1" to "3", with the highest score given to those that responded "A Lot". The scores were totaled, with scores ranging from 6 to 18.

As **Figure 5** illustrates, **98% of teens increased their perceived knowledge of STIs and teen pregnancy.** Teens' average scores on the pre- and post-survey also improved significantly from 9.86 to 16.51 -- a 67% increase.

INTENDED BEHAVIOR

We also asked participants how likely they were to (1) have sexual intercourse, (2) engage in other forms of sex (e.g., oral or anal), (3) use protection against pregnancy and/or STIs, and (4) have more than one sex partner within the next twelve months.

Figure 6 shows the percentage of youth that indicated that they were "Very Likely" to do these things. There was little change from pre- to post-survey, but the result is consistent with those observed last year:

SUMMARY AND CONCLUSIONS

Safer Choices met two of its three outcomes, and the intervention shows evidence of positively impacting teens' knowledge of teen pregnancy prevention and STIs and in increasing the likelihood that they will practice safer sex (or avoid unsafe sex).

Figure 5. Change in Perceived Knowledge

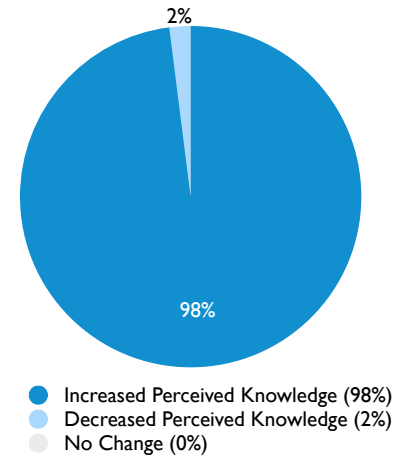
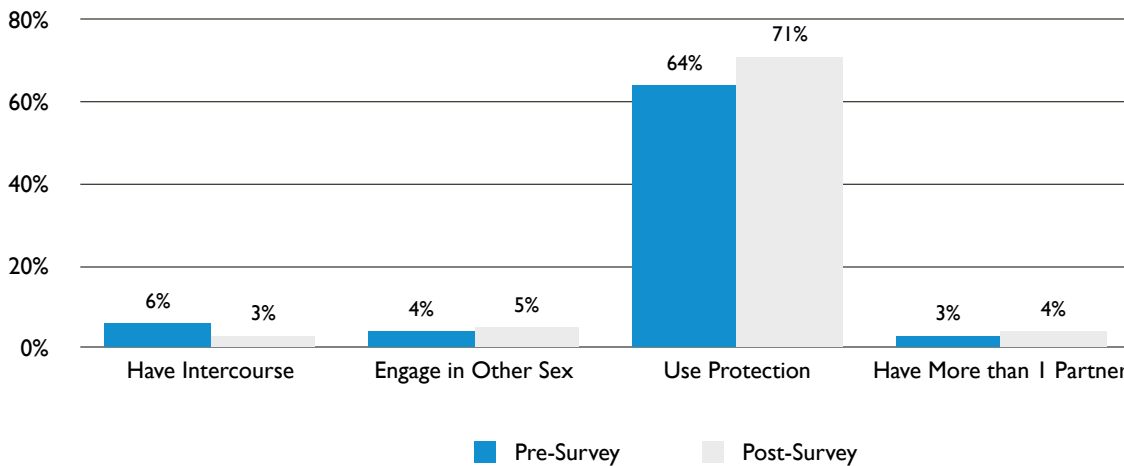


Figure 6. Behavioral Intent: Percentage Indicating "Very Likely" to Do the Following in the Next 12 Months



Among the key findings of this local evaluation:

- ▶ Seventy-four percent (74%) of participants increased their knowledge of pregnancy and disease prevention measured via a true-false test. The increase in knowledge of pregnancy and disease prevention was statistically significant.
- ▶ Fifty-two percent (52%) increased their expectation to resist unsafe sex
- ▶ The percentage of youth that said they would access family planning services increased from 25% to 50% among all participants but only increased seven (7) percentage points among sexually active youth -- from 60% to 67%.
- ▶ 98% of youth increased their perceived knowledge of STIs and teen pregnancy, improving on average 67%.

RECOMMENDATIONS

No changes to the administration or evaluation of *Safer Choices* are recommended.

Parent Project

PARENT PROJECT

The *Parent Project* is designed to help parents identify and respond to problem behavior in their children by teaching prevention, identification, and intervention strategies for destructive adolescent behaviors, such as drug use and poor school performance. Although the intervention was created to help parents deal effectively with all kinds of behaviors, the facilitators stress the application of the techniques to teen pregnancy prevention. Classes are held one night a week for 10 weeks at various sites throughout San Jacinto and Hemet.

EVALUATION METHODOLOGY

In the past, the *Parent Project* was evaluated via a focus group. The focus group questions addressed parents' reasons for joining the *Parent Project*, their overall reaction to the curriculum, and experiences applying the techniques they learned in the intervention. However, very low attendance to past focus groups and poor attendance in the last session of the intervention, forced us to reconsider this methodology. It was decided that in lieu of doing a focus group, the *Parent Project* would be evaluated using a short questionnaire. The questionnaire was constructed to address the same topics as the focus group. The following outcome (see **Table 1**) was associated with the questionnaire.

Table 1. Measurable Outcomes for *Parent Project*

OUTCOME	HOW IT IS MEASURED
1. In a focus group evaluation, <i>Parent Project</i> participants will discuss what they learned in the intervention and provide information that will help improve the intervention (e.g., what they did and did not like, their experiences applying the parenting techniques, etc.).	Attendance; Parent Project Questionnaire

PARTICIPANT PROFILE

Only two parents attended the last session of the *Parent Project*, so only two questionnaires were collected. This is hardly enough to make any generalizations about the intervention, but the results are presented here anyway.

OUTCOME 1: PARTICIPANTS WILL PROVIDE INFORMATION VIA A FOCUS GROUP

The first and only outcome for the *Parent Project* reflects the goal of obtaining information that can be used to improve the intervention and understand how parents benefitted from the program. Parents' remarks were grouped according to the themes identified below.

RESULTS

The results below are highlights from the focus groups and reflect the main ideas expressed by participants.

Question 1. Overall, how would you rate *The Parent Project*?

RESPONSE SUMMARY

This was one of only two closed-ended questions on the questionnaire. Both participants (100%) rated the intervention as “Very Good”, on a five-point scale ranging from “Poor” to “Excellent”.

CONCLUSION

Participants rated the *Parent Project* favorably.

Question 2. Do you think that this program has helped you become a better parent?

RESPONSE SUMMARY

This question was the second of two closed-ended questions. Both participants (100%) indicated “Yes, a little” in response to the above question.

CONCLUSION

Both participants believed that the intervention helped them become better parents, but both only believed it helped them “a little” rather than “a lot”.

Question 3. What are some of the most important things that you learned in the *Parent Project*?

RESPONSE SUMMARY

Parents mentioned the following:

- ▶ “Positive strokes, consistency, TEASPOt, Overall, everything is useful and informative.”
- ▶ “Tell my son I love him everyday. That kids are driven by emotion. TEASPOt”.

CONCLUSION

TEASPOt -- that is, Take Everything Away for a Short Period of Time -- was mentioned by both parents. This is one of the more popular techniques for managing teens' behavior presented in the intervention. Both also mentioned the need for positive reinforcement.

Question 4. How useful/effective have the techniques been for you with your son/daughter?

RESPONSE SUMMARY

Parents mentioned the following:

- ▶ “My son was not doing his homework so then I put him on a TEASPOt and then he did it the next day. Only a couple of TEASPOtS, and he was doing his work.”
- ▶ “I am still working on all the techniques and trying to implement them.”

CONCLUSION

Parents mentioned that they have or are trying to implement the techniques. One parent reported success applying TEASPOt.

Question 5. What changes, if any, have you seen in your son or daughter since you started the program?

RESPONSE SUMMARY

Parents mentioned the following:

- ▶ “Very little so far (ref. above). But we say it all gets worse before it gets better.”
- ▶ “Less argumentative, better self-discipline, nicer personality, more respectful!”

CONCLUSION

One parent noted some positive changes; the other had not seen any changes in their child’s behavior but did not believe this was indicative of a failure.

Question 6. Additional Comments/Suggestions?

RESPONSE SUMMARY

Parents mentioned the following:

- ▶ “Overall very informative. Once you learn how to use all the tools and implement them it will work out.”
- ▶ “We don’t have hard core problems in our house but I wanted to attend *Parent Project* so that if things changed dramatically for the worse I could possible have additional knowledge up front.”

CONCLUSION

Both parents appeared to enjoy the intervention. One indicated that the techniques learned in the intervention work, while the other believed that the techniques could be useful.

SUMMARY AND CONCLUSIONS

Overall, parents had a favorable opinion of the *Parent Project* and either had experienced success using some of the techniques taught in the intervention or believed that they would be useful.

RECOMMENDATIONS

No recommendations are offered at this time.

Life Skills

LIFE SKILLS

The life skills intervention incorporates elements of the *Advocates for Youth* and *Botvin Life Planning Education* curricula. The life skills intervention seeks to reach at least 40 teens (aged 12-19) each year who have a history of substance abuse. The intervention is held at MFI Recovery Center in Riverside, and youth meet for 24, 45-minute sessions. Among the topics addressed in the intervention are communication, sexuality, self-awareness, decision-making, violence prevention, reducing sexual risks, and violence prevention, to name just a few.

EVALUATION METHODOLOGY

The life skills intervention was evaluated locally using a pre-and post-survey. The survey asked participants about the following:

- ▶ Experience looking for employment,
- ▶ Knowledge of the job-search process,
- ▶ Intent to avoid using drugs,
- ▶ Knowledge of pregnancy prevention, and
- ▶ Knowledge of STD prevention

The survey and the attendance sheet used in the intervention were designed to measure the intervention goals (outcomes) identified in **Table I**. These outcomes were identified in MFI's workplan, which was approved by the Office of Family Planning.

Table I. Measurable Outcomes for Life Skills Intervention

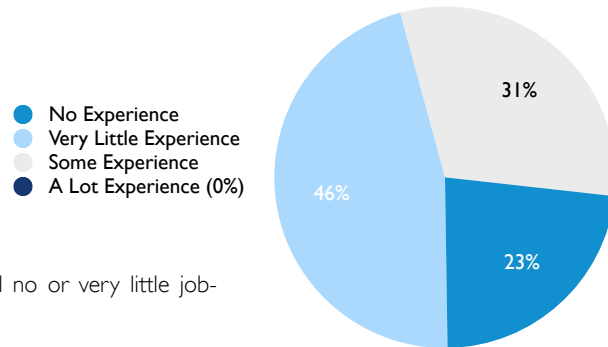
OUTCOME	HOW IS IT MEASURED
1. At least 50% of participants will complete this intervention by attending no less than 21 of 24 sessions.	Attendance records
2. At least 50% of participants will increase their understanding of STI-prevention.	Pre-post survey; 5 true-or-false items measuring STI knowledge
3. At least 50% of participants will increase their understanding of sex and sexuality.	Pre-post survey; 9 true-or-false items measuring knowledge of sex and sexuality
4. At least 50% of participants will increase their knowledge of the job-search process.	Pre-post survey; 5 items relating to interviewing, completing an application, and preparing a résumé.
5. After completing this intervention, at least 50% of participants will increase their intent to not use alcohol or drugs.	Pre-post survey; measured by the Commitment Not to Use Drug Scale developed by Hansen (1996).

PARTICIPANT PROFILE

Collecting matched pre- and post-surveys has been challenging for this intervention, so in order to maximize the number of matched surveys collected, surveys collected since 2008 program year have been combined with those collected this year. In all, only 14 matched pre- and post-surveys were available -- 11 from the 2009/2010 fiscal year and 3 from the 2010/2011 fiscal year. Descriptive information about these participants is offered below.³

- ▶ **Gender.** Males (71%) significantly outnumbered females (29%).
- ▶ **Age.** Participants ranged in age from 14 to 17.
- ▶ **Employed.** On the pre-survey, 8% of the youth said that they have been employed for pay.
- ▶ **Completed a Résumé.** On the pre-survey, 15% had completed a résumé. By the end of the intervention, 50% (n=18) said they had completed a résumé.
- ▶ **Job-Hunting Experience.** On the pre-survey, 69% either had no or very little job-searching experience (see Figure 1).

Figure 1. Job-Hunting Experience (Pre-Intervention)



OUTCOME 1: 50% WILL ATTEND AT LEAST 21 OUT OF 24 SESSIONS

Only 6 youth out of 46 (about 13%) completed 21 or more sessions in the 2010/2011 fiscal year. As in prior years, high turnover and the fact that many of the youth did not begin the intervention until after the intervention started are likely reasons why this outcome was not achieved.

OUTCOME STATUS: NOT ACHIEVED

Only 13% of youth attended at least 21 sessions.

OUTCOME 2: 50% WILL INCREASE UNDERSTANDING OF STI PREVENTION

The second outcome states that at least 50% will increase their understanding of STI prevention. Five true-or-false items were used to measure this outcome, with scores on each item summed to produce a single "knowledge of STI score". One point was given for each correct answer. Scores could range from 0 to 5 points. Only 12 matched surveys were available for this analysis, which as with last year, is too few to make these results reliable. We conducted a preliminary analysis in spite of the small number of matched surveys.

Figure 2 shows the percentage that increased their score on these five items. The figure shows that 39% of youth increased their score, less than that required by the outcome.

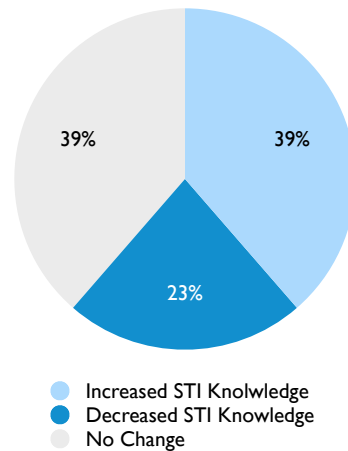
The mean change in teens' scores -- from 2.62 to 3.15 (a 20% increase) -- although a change in the desired direction was not statistically significant.

Additionally, males were more likely than females to increase their knowledge of STI prevention. While no females increased their knowledge score, 56% of males did, suggesting that the impact of the intervention on STI knowledge was limited to males.

OUTCOME STATUS: NOT ACHIEVED

Thirty-nine percent (39%) of teens increased their knowledge of STI prevention, falling short of the goal of 50%. An equal percentage, however, did not increase their knowledge.

Figure 2. Understanding STI Prevention (n=13)



³ Please note that in prior reports both matched and unmatched surveys were used.

OUTCOME 3: 50% WILL INCREASE UNDERSTANDING OF SEX AND SEXUALITY

Outcome 3 states that half of participants will increase their knowledge of sex and sexuality after participating in the life skills intervention. Like Outcome 2, Outcome 3 set the standard at 50%. Nine true-or-false items were used to measure this outcome, with scores on each item totaled to produce a single “knowledge of sexuality score”. One point was given for each correct answer. Scores could range from 0 to 9 points.

Figure 3 shows that 58% of youth increased their score, while the remaining either exhibited no change (17%) or a decline in their score (25%).

The mean change in teens’ scores -- from 6.33 to 8.58 -- represented an average increase of 36%. This increase was statistically significant.⁴

OUTCOME STATUS: ACHIEVED

More than 50% of teens increased their knowledge of sex and sexuality.

OUTCOME 4: 50% WILL INCREASE THEIR KNOWLEDGE OF THE JOB-SEARCH PROCESS

Five items were used to measure participants’ knowledge of the job-search process. Items on the survey asked participants whether or not they knew the following:

- ▶ How to complete a job application
- ▶ The do’s and don’ts of a job interview
- ▶ The kind of questions that are likely to be asked during a job interview
- ▶ How to search for a job
- ▶ The kind of jobs match their interests
- ▶ Teens could respond “No”, “Yes, A Little”, and “Yes, A Lot”. Each item was scored from “1” to “3”, with higher scores reflecting more desired responses. Scores ranged from 5 to 15.

Figure 4 shows the percentage of participants that increased their knowledge of the job-search process during the life skills intervention. Less than half (43%) increased their job-search knowledge.

There was no significant change in the average (mean) job-search knowledge.

A comparison of pre- and post-survey results for each individual item is shown below in **Figure 5**, which shows that the percentage of participants that responded “Yes, A Lot” decreased for each item, contrary to expectations and suggesting that the curriculum or implementation of the curriculum needs to be reviewed.

OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, as only 43% of participants indicated they had increased their knowledge of the job-search process. An equal percentage exhibited a decrease.

Figure 3. Understanding Sex (n=12)

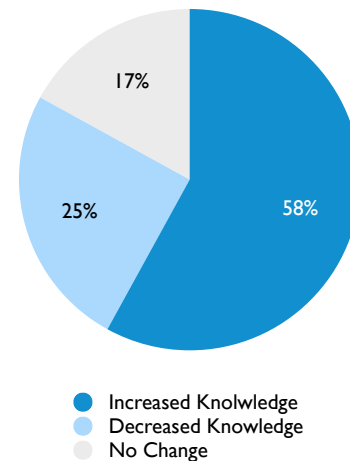
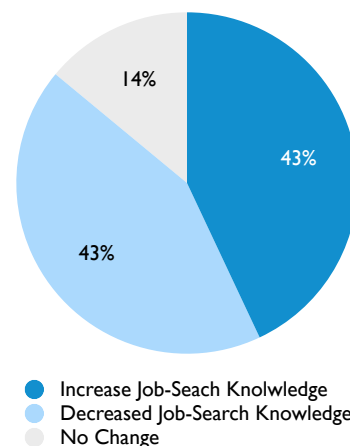
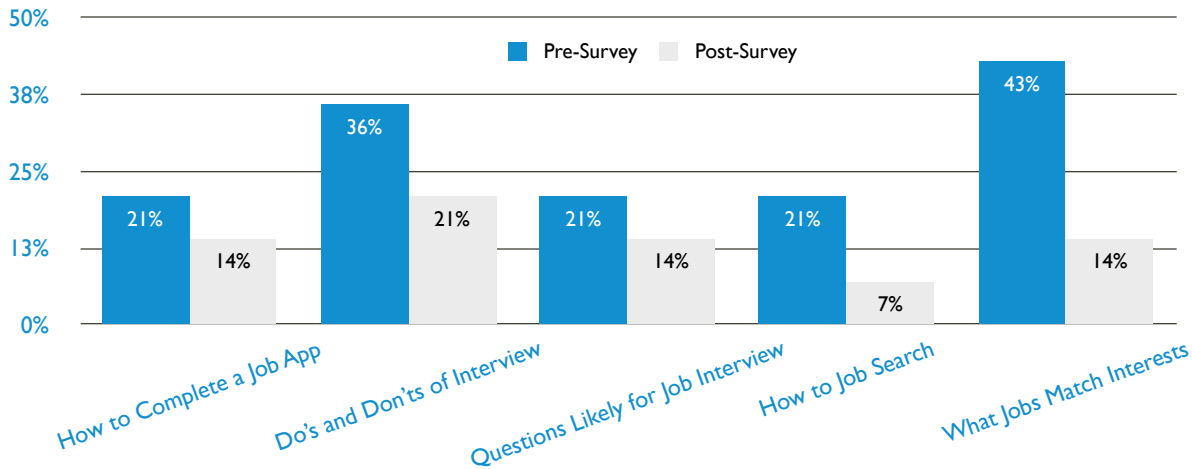


Figure 4. Understanding of Job-Search Process (n=14)



⁴ Statistical significance was tested using a t-test for dependent samples and a one-way (directional) t-test. The t-test indicated statistical significance [$t(11) = 2.34, p = .02$].

Figure 5. Knowledge of the Job-Search Process: Percentage Responding They Learned “A Lot”



OUTCOME 5: 50% WILL INCREASE THEIR INTENT TO NOT USE ALCOHOL OR DRUGS

To measure Outcome 6, we used the “Tanglewood Research Commitment to Not Use Drugs” scale developed by W.B. Hansen in 1996. We coded the eight-item scale so that higher scores indicated a stronger intent to avoid drugs. Scores ranged 8 to 32.

As shown in **Figure 6**, which shows the percentage of participants that increased their intent to avoid drug use, 55% demonstrated increased avoidance, while 36% demonstrated decreased avoidance.

OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 64% of participants demonstrating increased avoidance of drug use -- that is, they indicated they were less likely to use drugs after participating in the life skills intervention.

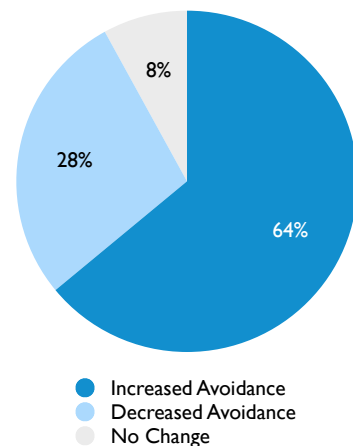
SUMMARY AND CONCLUSIONS

Three of the five outcomes for this intervention were met, with a fourth outcome very nearly met. Findings from the matched pre- and post-surveys indicated an increased understanding of STI prevention and sex and sexuality, as well as an improved understanding of the job-search process. Finally, a majority of teens increased their intent to avoid drug use.

Major findings from this evaluation include the following:

- ▶ 23% of teens entered the intervention with no job-hunting experience at all while another 43% only had a little experience.
- ▶ Only 39% of teens increased their knowledge of STI prevention, short of the goal of 50%, but still a positive finding.
- ▶ Males were more likely than females to increase their knowledge of STI prevention. While not females increased their knowledge score, as evidenced by scores on the survey, 56% of males did, suggesting that the impact of the intervention on STI knowledge was limited to males.
- ▶ 58% of teens increased their knowledge of sex and sexuality.
- ▶ 43% of teens increased their knowledge of the job-search process.
- ▶ 64% of teens strengthened their intent to avoid drug use

Figure 6. Intent to Avoid Drugs (n=11)



RECOMMENDATIONS

Based upon the findings of this evaluation, it is recommended that program administrators review the implementation and content of the *Life Skills* intervention. Additionally, consideration should be given to how this intervention is evaluated.

The lack of success in getting matched surveys for three years, suggests that the evaluation methodology employed is not appropriate for the intervention. A possible solution is either to evaluate this intervention via focus groups or shorten the interval between survey administration to maximize the number of matched surveys.

More troubling, however, is that the intervention (1) does not seem to be able to retain clients for any length of time, or at least not until the curriculum is complete, and (2) some elements of the curriculum -- namely, the job-search instruction -- appear to have no impact on youth. It is recommended that the curriculum be reviewed for appropriateness and the implementation of the curriculum should be examined to ensure that the curriculum is implemented as intended.

Community Event

COMMUNITY EVENT - KNOW LIMITS TEEN HEALTH CHALLENGE

The community event for MFI is the teen health fair, which is has been held for the last two years at Hemet Valley Mall during Teen Pregnancy Prevention Month. The event, which involves months of planning and collaboration, included a music and dancing contest, a rock-climbing wall, a scavenger hunt, and a host of other activities for youth and families.

The outcomes used to measure the success of the community event are listed in **Table 1**.

Table 1. Measurable Outcomes for the Community Event

OUTCOME	HOW IT IS MEASURED
At least 150 people will attend the teen health fair.	Attendance records
At least 15 organizations and agencies will be represented at the event.	Attendance, agency records
At least 50 of event attendees will complete the feedback survey.	Number of feedback surveys collected
At least 85% of attendees will rate their satisfaction with the teen health fair as "Very Good" or "Excellent".	Feedback item asking attendees to rate their satisfaction
At least 60% of event attendees will indicate that they learned something new about teen pregnancy and STDs.	Feedback items on the survey that asks attendees to assess how much they learned.
At least 60% of all attendees surveyed will indicate that the event increased their awareness of local services or resources for teens.	Feedback item on the survey that asks attendees to assess how much they learned.
At least 65% of attendees will indicate that they will use the information presented at the health fair.	Feedback item asking attendees whether or not they will use the information they learned
At least 75% of the agencies and organizations represented at the fair will indicate that event was successful in promoting their services.	Agency/Vendor survey item asking agencies to indicate how successful the event was.
At least 60% will indicate that they would like to return to the fair next year.	Agency/Vendor survey. This outcomes was included in error on the Workplan, and was not measured on the survey.

EVALUATION METHODOLOGY

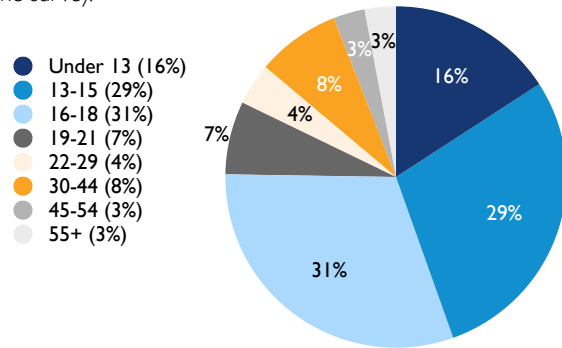
The evaluation for the teen event was conducted using a short feedback survey given to attendees at the health fair and an online survey administered to agencies that had booths or displays at the event.

PARTICIPANT PROFILE

We collected 119 attendee surveys and 3 agency/vendor surveys. Descriptive information about these participants is offered below.

- ▶ **Gender.** Female substantially outnumbered males at the event, at least among those completing the survey. Females made up 66% of those completing the survey.
- ▶ **Age.** Participants ranged in age from 5 to 82 years of age. **Figure 1** shows the age distribution of attendees, nearly 50% of whom were under 15 years of age.
- ▶ **Parents.** Parents made up 20% of those completing the survey.

Figure 1. Age of Attendees (n=118)



OUTCOME 1: 150 PEOPLE WILL ATTEND

The first outcome requires that at least 150 people will attend the health fair. According to MFI's records, 326 people were in attendance.

OUTCOME STATUS: ACHIEVED

This outcome was achieved. Records indicate that there were at least 326 people in attendance.

OUTCOME 2: 15 ORGANIZATIONS AND AGENCIES WILL BE REPRESENTED

The second outcome is another process outcome. It requires that states that at least 15 agencies will be represented at the event. MFI's records indicate that 20 agencies and organizations were registered for the event.

OUTCOME STATUS: ACHIEVED

This outcome was achieved. Twenty (20) organizations, businesses, and groups were registered for the event.

OUTCOME 3: 50 COMPLETED SURVEYS

The third outcome states that at least 50 feedback surveys will be collected from attendees to the health fair. In all, we collected 119 surveys.

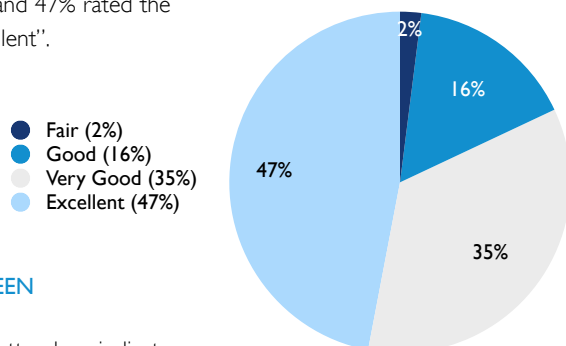
OUTCOME STATUS: ACHIEVED

This outcome was achieved. We collected 119 feedback surveys from the community event, more than twice as many as required by the outcome.

OUTCOME 4: 85% WILL RATE TEEN HEALTH FAIR AS "VERY GOOD" OR "EXCELLENT".

The fourth outcome, measured by an item on the feedback survey, requires that at least 85% of attendees will rate their satisfaction with the health fair as "Very Good" or "Excellent". **Figure 2** shows that 35% rated the event as "Very Good" and 47% rated the event as "Excellent", meaning that 82% rated it as "Very Good" or "Excellent".

Figure 2. Rating of the Event



OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, but it very nearly was. Eighty-two percent (82%) of respondents rated the event as "Very Good" or "Excellent".

OUTCOME 5: 60% WILL LEARN SOMETHING NEW ABOUT TEEN PREGNANCY AND STDs.

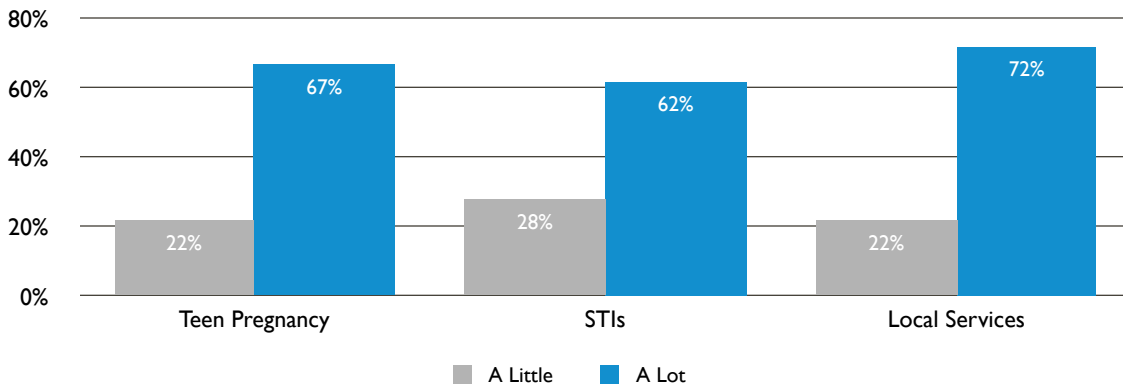
Outcomes 5 and 6 are similar in that they both require that 60% of attendees indicate that they learned something new. Outcome 5 requires that attendees indicate that they learned something new about teen pregnancy and STDs by attending the health fair.

Figure 3 illustrates the percent of attendees that indicated they learned both “a little” and “a lot” about teen pregnancy, STDs, and local teen services by attending the event. The remaining attendees either responded “No” or “No Opinion”. The table shows that 85% of attendees indicated that they learned at least “a little” new about teen pregnancy and STDs. Over 60% said they learned “a lot” about both.

OUTCOME STATUS: ACHIEVED

This outcome was achieved. Eighty-nine percent (89%) of respondents indicated that they learned something new about teen pregnancy, and 93% indicated they learned something new about STDs.

Figure 3. Percent Learning A Lot and A Little about Teen Pregnancy, STIs, and Local Services for Teens



OUTCOME 6: 60% WILL INCREASE AWARENESS OF LOCAL SERVICES FOR TEENS.

The sixth outcome states that at least 60% of attendees will indicate that they learned something new about local services and resources for teens. **Figure 3** shows that 94% learned at least “a little”; 72% indicated that they learned “a lot”. These percentages, being higher than those obtained for teen pregnancy or STIs, suggests that the teen health fair was most effective in educating attendees about local resources than in providing prevention information. This trend was observed last year.

OUTCOME STATUS: ACHIEVED

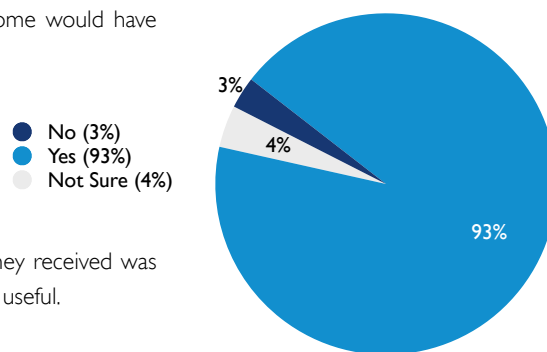
This outcome was easily achieved, with 94% of attendees indicating that they learned something new. Seventy-two percent (72%) of respondents indicated that they learned something new local services for teens. So, even if a more strict requirement was made -- that is, that attendees learned “a lot” about local services -- this outcome would have been met.

OUTCOME 7: 65% WILL USE THE INFORMATION PRESENTED AT THE HEALTH FAIR.

Another outcome measured by the feedback survey was that attendees would feel that the information was useful to them.

Figure 4 shows that 93% of attendees indicated that the information they received was useful, while 4% were not sure and 3% said that the information was not useful.

Figure 4. Information Was Useful



OUTCOME STATUS: ACHIEVED

Over 90% of attendees said that they would use the information they received at the health fair. This exceeded the goal of 65%, so this outcome was achieved.

OUTCOME 8: 75% OF AGENCIES WILL INDICATE THE EVENT WAS SUCCESSFUL IN PROMOTING SERVICES

To measure this outcome agencies that participated in and had informational booths at the event were asked via an online survey whether or not they believed that the health fair benefitted their business or organization. All of those completing the survey (n=3) indicated (through an open-ended question/response) indicated that it did.

Among the comments made were the following:

- ▶ “Yes, as a School District we're always trying to find ways to promote a healthier life style to our community. The Health Fair was a wonderful avenue to do so.
- ▶ “It was a pleasure to educate teenagers on recovery from mental illness. It was also a great opportunity to speak with family members and refer them to National Alliance on Mental Illness (NAMI).”
- ▶ “Yes, it gave my organization additional exposure to youths in the community that otherwise may not have know about my agency.”

OUTCOME STATUS: ACHIEVED

This outcome was achieved. All of the respondents indicated that the community event benefitted their organization and gave their organization great exposure.

OUTCOME 9: 60% WILL INDICATE THAT THEY WOULD LIKE TO RETURN TO THE FAIR NEXT YEAR

This outcome was not measured. A mistake was made, and a item was not included on the survey to measure this outcome.

OUTCOME STATUS: NOT MEASURED

This outcome was not measured by the survey and, therefore, should be removed from the workplan.

OTHER FINDINGS

Results not directly related to the achievement of this intervention's measurable outcome may prove useful in planning for and improving future teen health fairs.

AGENCY/VENDOR COMMENTS

Via an online survey, we asked vendors and agencies that presented at the event to provide suggestions for improvement, rate various aspects of the health fair, and to identify the top four most important youth problems in the Hemet-San Jacinto area. After three mailings over the course of three weeks, only 3 responses were obtained. The small number of responses mean that findings from the survey should not be considered reliable and should be interpreted with caution.

IMPROVING FUTURE HEALTH FAIRS

Below are direct quotes from agencies and vendors in response to the question, “What can we do to improve future health fairs?” When a suggestion was offered, it typically related to improving attendance at the event and more effective promotion of the health fair:

- ▶ More community awareness.
- ▶ I know the stage was really hot for the karate team. Other than that, I do not think there should be many changes. The fair was one of the best I've been to, especially since it was inside and cool.
- ▶ Allow vendors to help promote event to target particular audiences they may want to advocate to.

FOUR MOST IMPORTANT HEALTH PROBLEMS FACING YOUTH

We asked the agencies, organizations, and businesses that attended the event what they thought were the four most important health problems facing youth in the San Jacinto-Hemet area. The top four most important health issues according to the vendors are (1) Substance Abuse (100%), (2) Teen Pregnancy (100%) (3) Violence (67%) , and (4) Other Issues (67%). Under other issues, respondents identified poor parenting and date rape.

SUMMARY AND CONCLUSIONS

This evaluation suggests that the teen health fair was a success, even if all of the measurable outcomes were not met.

- ▶ Eighty-two percent (82%) of respondents rated the event as “Very Good” (35%) or “Excellent”(47%). The remainder rated the event as “Good”, with no one rating the event as “Poor” or “
- ▶ Eighty-nine percent (89%) of respondents indicated that they learned something new about teen pregnancy, and 90% indicated they learned something new about STIs.
- ▶ Ninety-four percent (94%) of respondents indicated that they learned something new about local services for teens.
- ▶ Ninety-three percent (93%) of attendees said that they would use the information they received at the health fair. This exceeded the goal of 65%, so this outcome was achieved.
- ▶ All of the respondents indicated that the community event benefitted their organization and gave their organization great exposure.

RECOMMENDATIONS

Recommendations for the teen health fair come from the participants and attendees. Attendees’ open-ended responses provide many of the recommendations, but a few stand out:

- (1) Continue to host the scavenger hunt at the fair. More than any other activity, the scavenger hunt was the one that youth and attendees mentioned as the thing that they most enjoyed about the fair.
- (2) Promote the event more and attract more people. Many people commented on the need to promote the event more in the community. Attendees wanted to see more people at the event. MFI may want to consider changing the date of the event or checking to make sure other community events are not being held at the same time.
- (3) Have guest speakers. Some attendees mentioned that they would like to see some guest speakers at the event. Unfortunately, they were not more specific than that and did not indicate what topics they would like to hear about from the speakers.

Parents as Teachers

PARENTS AS TEACHERS

Parents as Teachers (PAT) promotes responsible parenting by providing education and support to teen mothers with children 0 (prenatal) to 3 years old. Using the “Issues in Working with Teens” portion of the *Parents as Teachers* curriculum, two facilitators conduct biweekly home visits with up to 20 pregnant or parenting teens mothers.⁵ Each session lasts between 60 and 90 minutes. In addition to these individual visits, facilitators hold group meetings every other month to encourage mutual support between teens, practice parenting skills, and allow parents to observe their child with other children.

This curriculum focuses on adolescent issues, such as adjusting emotionally to pregnancy and parenthood and communicating with health care providers; and on child issues, such as child development, nutrition, and language and literacy. The intervention also includes units on other relevant issues, such as breast-feeding, prenatal nutrition, and child care, depending upon the needs of the parent.

Unlike other interventions offered by MFI, PAT can serve teens for almost 4 years (from prenatal until the child is 3 years of age). Teens exit PAT when their child reaches 3 years old, when the facilitator considers continued participation in PAT to be of little benefit, or when the teen leaves voluntarily. For this reason, the local evaluation of PAT does not evaluate each year on its own; instead, the evaluation is *cumulative*, incorporating all of the data collecting since the intervention began.

EVALUATION METHODOLOGY

We evaluated PAT using two methods: the Adult-Adolescent Parenting Inventory-2 (AAPI-2). This instrument was designed to measure the program goals (outcomes) identified in **Table 1**.

ADULT-ADOLESCENT PARENTING INVENTORY

The AAPI measures parenting attitudes along five constructs: (1) inappropriate developmental expectations, (2) lack of empathy toward children’s needs, (3) belief in the use of corporal punishment, (4) reversing parent-child roles, and (5) belief in a lack of child independence. Low scores on these constructs have been associated with child abuse and neglect. Scores on these constructs are normed and range from 1 to 10 and are referred to as “STEN” (i.e., standard ten) scores. The following guidelines are used to interpret the standardized scores:

- ▶ Scores from 1-3 = High risk
- ▶ Scores from 4-7 = Medium risk. Most people score in this range.

⁵ One of the facilitators left mid-year, leaving only one for the remainder of the year.

- ▶ Scores from 8-10 = Low risk

The AAPI was administered to each teen mother upon entering PAT, with a post-survey or follow-up administered every nine months. The nine-month period was deemed long enough to observe a change in behavior and attitudes, with the repeated follow-ups detecting additional medium-term and long-term changes.

Table 1. Measurable Outcomes for *Parents as Teachers*

OUTCOME	HOW IT IS MEASURED
1. By the first post-survey administration, at least 50% of participants will score at or above the 50th percentile on all of the five scales measured by the Adult-Adolescent Parenting Inventory. Only standardized scores (ranging from 1 to 10) will be used.	Pre- and post-survey, using the AAPI measure. Only standard ten (STEN) scores will be used.
2. By the first post-survey administration, at least 50% of participants will increase their knowledge of early childhood development and healthy parenting practices by at 25%. An increase in knowledge will be indicated by an increase on at least one of the five scales measured by the Adult-Adolescent Parenting Inventory on the first post-test. Only standardized scores (ranging from 1 to 10) will be used.	Pre- and post-survey, using the AAPI measure. Only standard ten (STEN) scores will be used.
3. On a participant feedback questionnaire, at least 80% of participants will indicate that the program helped them become more capable parents.	Not measured this year
4. At least 80% of teen mothers in the PAT program who were eligible to graduate during the year will receive their high school diploma or G.E.D.	Records maintained by educator; number of those graduating or getting a G.E.D. is divided by the number of participants eligible to do so.
5. Less than 10% of the teen mothers who receive at least 12 PAT contacts (pre- and/or post-natal) will become pregnant while they are in the intervention.	Participant attendance records and records maintained by the educator. A list of participants with at least 12 contacts is prepared and reviewed by the educator. The number of those that have gotten pregnant again, if any, is divided by the number of participants with 12 or more contacts.

PARTICIPANT PROFILE

Parents as Teachers has had 40 teen mothers enter the intervention and complete at least one AAPI survey. Twenty-six (26) teen mothers have taken at least one post-AAPI and 14 have taken a second post-AAPI, which was administered roughly 18 months from the client's entry date. Four (4) teens have taken a third post-AAPI. All participants were female.

- ▶ **Parents.** Forty-three percent (43%) of participants entered PAT with at least one child; the remaining (58%) were pregnant at the time they took the survey.
- ▶ **Education.** Forty-eight percent (48%) of participants were in the 11th grade, 38% were in the 10th grade, and 13% were in the 9th grade. Just three percent (3%) were high school graduates.
- ▶ **Abuse.** Ten percent (10%) of participants indicated that they experienced abuse from someone within the family. The same percentage indicated that they experienced abuse from someone outside the family.
- ▶ **Marital Status.** Eight percent (8%) were married and 35% were unmarried partners. Half (50%) were single.
- ▶ **Race/Ethnicity.** Nearly two-thirds of participants (63%) were Hispanic, 25% were self-identified as White, 5% were African American, 5% were Native Americans, and 3% were self-identified as "Other" (3%).

OUTCOME I: 50% WILL SCORE AT THE 50TH PERCENTILE ON ALL 5 AAPI SCALES BY FIRST POST-SURVEY

Since the goal of PAT is to help teens develop healthy parenting behaviors, teen mothers should demonstrate healthy parenting attitudes on the AAPI. Using the AAPI, it is fairly easy to categorize respondents as “high risk”, “average risk”, or “low risk” of abusing or neglecting their child.

Outcome I states that at least 50% of participants will score at or above the 50th percentile on *all five of the scales* measured by the AAPI. This was measured by referring to the standardized scores generated by the AAPI. Respondents scoring at or above the 50th percentile -- that is, a STEN score of “5” -- will have a score equal to or better than 50% of the population.

The five parenting constructs measured by the AAPI are as follows:

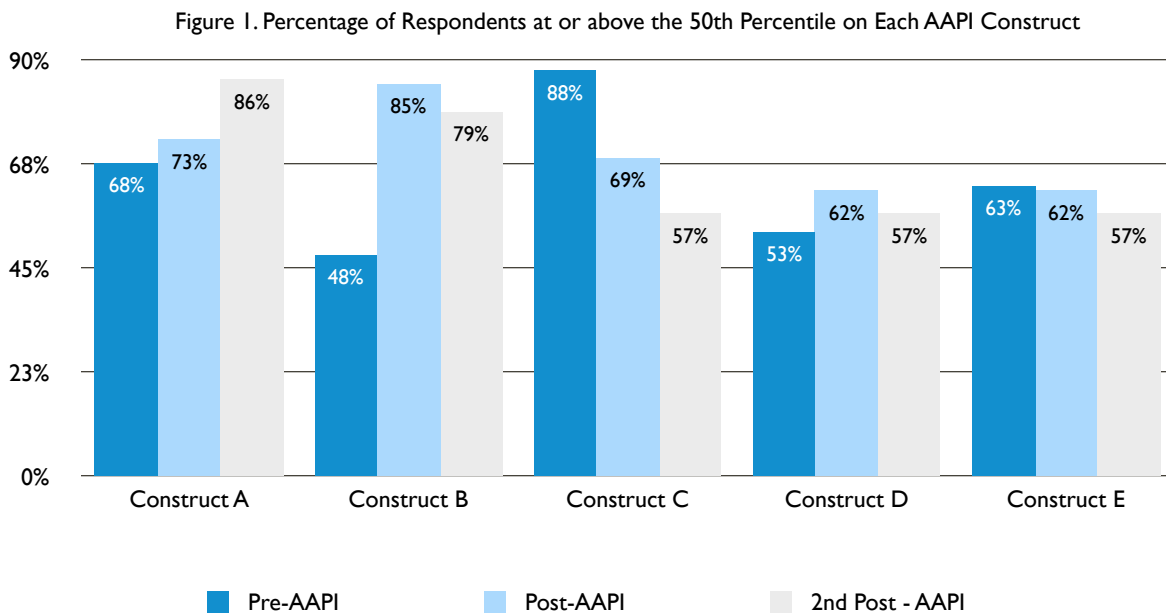
- ▶ **Construct A** = Inappropriate vs. Appropriate Expectations (**Expectations**)
- ▶ **Construct B** = Low vs. High Levels of Empathy (**Empathy**)
- ▶ **Construct C** = Belief in Value of Corporal Punishment vs. Alternatives (**Corporal Punishment**)
- ▶ **Construct D** = Appropriate vs. Inappropriate Role Expectations of Child (**Role Reversal**)
- ▶ **Construct E** = Restricts Child’s Power-Independence vs. Values Child’s Power-Independence (**Power-Independence**)

Figure I shows the percentage of teen moms that were at or above 50th percentile on the pre-survey and both of the post-surveys. *No less than 62% of participants were at or above the 50th percentile on every construct measured, indicating that this outcome was achieved.*

A positive trend was clearly noted for Construct A (Expectation) and to a lesser extent Construct B (Empathy), but there was a sharp negative change in the percentage scoring at or above the 50th percentile for Construct C (Corporal Punishment) by the second post-survey. Overall, though, a majority of teens scored well within the “normal” range on the AAPI.

OUTCOME STATUS: ACHIEVED

This outcome was achieved. At least 50% of participants scored at or above the 50th percentile on all of the AAPI constructs by the first post-survey.



OUTCOME 2: 50% WILL INCREASE KNOWLEDGE OF EARLY CHILDHOOD DEVELOPMENT AND HEALTHY PARENTING PRACTICES BY 25%

Outcome 2 states the amount by which teen moms are to improve their AAPI score. At least 50% are to increase their AAPI score by 25% on at least one of the five constructs. As with the first outcome, changes were measured using standardized scores.

Table 2 shows the percentage of participants that increased their scores on each construct and the percentage of participants that increased their score **by at least 25%**. Baseline results were compared with data from the first post-survey and the second survey, although the latter comparison should not be considered conclusive due to the small number of matched surveys (n=8).

Table 2. Change in Scores on AAPI Constructs

CONSTRUCT	POST-SURVEY (9 MONTHS)		POST-SURVEY (18 MONTHS)	
	% INCREASING SCORE OVER PRE-SURVEY	INCREASED BY AT LEAST 25%	% INCREASING SCORE OVER PRE-SURVEY	INCREASED BY AT LEAST 25%
Construct A (Expectations)	42%	27%	29%	21%
Construct B (Empathy)	67%	54%	71%	64%
Construct C (Corporal Punishment)	65%	8%	71%	7%
Construct D (Inappropriate Expectations)	58%	50%	50%	36%
Construct E (Power-Independence)	42%	31%	50%	36%

OUTCOME STATUS: ACHIEVED

This outcome was achieved. Fifty-four percent (54%) of participants increased their score by 25% on Construct B (Empathy).

OUTCOME 3: 80% WILL SAY PAT HELPED THEM BECOME MORE CAPABLE PARENTS

The third outcome was measured by the feedback survey and states that at least 80% of participants will indicate that PAT helped them become more capable parents. One question on the survey measured this directly. Another question asked participants if they learned any new parenting skills.

The feedback survey was not collected this year because in the past there were few surveys that were collected and most of the youth are repeaters who have completed the feedback survey before.

OUTCOME STATUS: NOT MEASURED

The feedback survey was not administered this year, and this outcomes was not evaluated.

OUTCOME 4: 80% OF ELIGIBLE TEENS WILL GRADUATE OR GET A G.E.D.

The fifth outcome states that at least 80% of teen mothers in PAT who were eligible to graduate during the year will receive their diploma or G.E.D. Information to measure this outcome was obtained from PAT facilitators. According to the facilitator's records, 5 out of 6 eligible youth (83%) graduated this year.

OUTCOME STATUS: ACHIEVED

Eighty-three percent (83%) of eligible youth graduated this year.

OUTCOME 5: LESS THAN 10% OF TEEN MOTHERS WILL BECOME PREGNANT WHILE IN THE PROGRAM

The sixth and final outcome states that less than 10% of teen mothers in PAT will become pregnant during their first postpartum year. This outcome reflects COY's goal to reduce secondary teen pregnancies. As with the previous outcome 5, this information was collected by PAT facilitators.

Less than 10% of the girls in the intervention -- approximately 3%, in fact -- had a subsequent pregnancy. There were 31 active youth in the intervention, and one of them had a subsequent pregnancy.

OUTCOME STATUS: ACHIEVED

Less than 10% of the girls in the intervention had a subsequent pregnancy. While this outcome was achieved, the educators would have preferred that no girls got pregnant again while they were in *Parents as Teachers*.

SUMMARY AND CONCLUSIONS

Among the most important findings from this evaluation included:

- ▶ No less than 62% of participants were above the 50th percentile on any of the constructs
- ▶ Over 50% of youth increased their knowledge of early childhood development by at least 25% on two of the five constructs (Construct B and D) at the time of the first follow-up.
- ▶ Eighty-three percent (83%) of eligible youth graduated this year.
- ▶ Only 3% of teens (i.e., 1 participant) had a subsequent pregnancy while still in the intervention.

RECOMMENDATIONS

No changes to the administration or evaluation of *Parents as Teachers* are recommended.