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## Riverside Community Health Foundation

CCG EVALUATION REPORT 2010-2011

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# Riverside Challenges of Youth Collaborative (RCOYC) Evaluation

CCG 2010-2011

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**ABSTRACT & SUMMATION:** An evaluation of each of the interventions implemented by the RCOYC 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 Riverside Community Health Foundation (RCHF) established the Riverside Challenges of Youth Coalition (RCOYC). RCOYC is a formal collaboration bringing together various agencies under a unifying mission:

*To improve the health and well being of Riverside teens by addressing unintended and teen pregnancy issues through youth development. We dedicate ourselves to providing prevention education and activities, leadership training, and promoting responsible parenting, family and community involvement through community based partnerships.*

The table below lists and describes the interventions administered by RCOYC in the City of Riverside.

### RCOYC Interventions

INTERVENTION	DESCRIPTION	EVALUATION METHODOLOGY
<b>Project T.E.A.M. (High School)</b>	As a comprehensive sexuality education curriculum, the intervention aims is to reduce unintended pregnancies among teens. This intervention reaches at least 250 high-school students (males and females) in the Riverside area. At the high-school level, it consists of 12, 10 hours of curriculum. The intervention is held during school.	Pre-Post Survey
<b>Project T.E.A.M. (Middle School)</b>	At the middle-school level, this intervention consists of 8, 60-minute sessions, or 8 hours of curriculum, and reaches at least 70 youth. In the middle schools, emphasis is placed on human anatomy, body image, peer pressure, communication skills, and avoiding risky behavior. The intervention is held after school.	Focus Group
<b>Project X-Men</b>	<i>Project X-Men</i> teaches young males about teen pregnancy prevention and job and life skills. The intervention reaches 100 teens each year through a series of 12, 50-to-60-minute sessions held at local high schools and community schools.	Pre-Post Survey

INTERVENTION	DESCRIPTION	EVALUATION METHODOLOGY
<b>Peer-to-Peer</b>	This intervention is designed to teach youth how to be effective peer facilitators and leaders. Teens recruited from <i>Project X-Men</i> and <i>Project T.E.A.M.</i> receive leadership training and extended education in teen pregnancy prevention. Four members from Peer-to-Peer are recruited to become Teen Advocates, who help promote teen pregnancy prevention through community presentations and community events.	Focus Group
<b>Informational Presentations</b>	Three presentations are scheduled to increase community awareness of and involvement in teen pregnancy. RCOYC's goal is to reach at least 40 adults each year with these presentations.	Feedback Survey
<b>Teen Events</b>	Two community events are held in Riverside each year. Typically, these events take the form of a conference or a community health fair. This year the events were the Career, College, and Health Expo and the Young Men's Conference.	Feedback Survey

## 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 RCOYC improve the quality of its services. All of the interventions above were evaluated locally. Each chapter in this report is dedicated to one of the interventions offered by RCOYC.

## SUMMARY OF KEY FINDINGS

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

### Summary of Key Findings

INTERVENTION	KEY FINDINGS
<b>Project T.E.A.M. (High School)</b>	<ul style="list-style-type: none"> <li>▶ 32% of youth increased their knowledge of teen pregnancy prevention. Participants' overall average score on pregnancy prevention knowledge improved by 14%, and the improvement was statistically significant.</li> <li>▶ 42% of youth increased their knowledge of STI prevention. Participants' overall average score on the pregnancy prevention knowledge improved by 13%, and the improvement was statistically significant.</li> <li>▶ 43% of youth increased their expectation to resist unsafe sex, but 35% of youth did not change their expectation at all. This met the standard set for the intervention's outcome, which was set at 40%.</li> <li>▶ 37% of participants indicated that they were somewhat likely or very likely to visit a clinic or local doctor to get birth control or get tested for an STI in the next six months.</li> <li>▶ The most common reason teens gave for not visiting a clinic was that they were not planning to have sex, with 77% of those not likely to go to a clinic indicating that this was the reason.</li> </ul>
<b>Project T.E.A.M. (Middle School)</b>	<ul style="list-style-type: none"> <li>▶ Suggestions to improve the intervention were few and were similar to those made last year. Among the most important recommendations were the following: <ul style="list-style-type: none"> <li>- Try to incorporate role-playing activities as much as possible.</li> <li>- Invite guest speakers to a few sessions, particularly those that can share their personal experiences.</li> <li>- Consider increasing the number of times the intervention meets -- from one to two times per week.</li> <li>- Consider incorporating videos and more visual elements to the program.</li> </ul> </li> </ul>

INTERVENTION	KEY FINDINGS
<b>Project X-Men</b>	<ul style="list-style-type: none"> <li>▶ 39% of participants increased their expectation to resist unsafe sex.</li> <li>▶ 54% increased their perceived self-efficacy, exceeding the goal of 50%.</li> <li>▶ 60% of youth that finished <i>Project X-Men</i> completed a résumé, compared to only 47% who had done so before they started the intervention.</li> <li>▶ 60% of all youth said they were at least <i>somewhat likely</i> to access a teen clinic in the next six months.</li> </ul>
<b>Peer-to-Peer</b>	<ul style="list-style-type: none"> <li>▶ Teen Advocates (TAs) made some suggestions for the intervention. Among these were the following: <ul style="list-style-type: none"> <li>– Providing TAs with business cards and name tags</li> <li>– Creating a Facebook page</li> <li>– Offering trainings -- for example, on helping youth with relationship violence</li> <li>– Providing youth with a way to contact TAs with questions</li> </ul> </li> </ul>
<b>Informational Presentations</b>	<ul style="list-style-type: none"> <li>▶ RCHF collected 75 surveys this year.</li> <li>▶ 80% of attendees rated the presentations as “Very Good” or “Excellent”.</li> <li>▶ 94% of attendees indicated they learned something new about local services for teens.</li> <li>▶ 81% of all attendees said that they were very likely to talk to a teen about pregnancy prevention.</li> </ul>
<b>Teen Events</b>	<ul style="list-style-type: none"> <li>▶ 161 surveys were collected, far exceeding this year’s goal of 100.</li> <li>▶ 74% and 79% of attendees, respectively, indicated that they learned a lot new about <i>teen pregnancy</i> and <i>STD prevention</i>.</li> <li>▶ 86% of attendees rated the teen events as “Very Good” or “Excellent”. The Young Men’s Conference was rated higher than the the Career, College &amp; Health Expo in terms of satisfaction, with 85% rating it as “Very Good” or “Excellent”, compared to 65% for the Teen Expo.</li> <li>▶ 96% of attendees indicated that they learned something new about local services for teens, with 57% indicating that they learned “a lot”.</li> <li>▶ A majority of participants indicated that what they learned at the YMC might help them, with over half (54%) saying that what they learned would definitely help them make better decisions.</li> </ul>

# Project T.E.A.M. (High School)

## PROJECT T.E.A.M. (HIGH SCHOOL)<sup>1</sup>

The goal of *Project T.E.A.M.* is to reduce unintended teen pregnancies. The intervention is administered to both high-school (both males and females) and middle-school students (females only), but the curriculum presented to these two groups differs substantially, and so each version is evaluated separately. At the high school level, *Project T.E.A.M.* is administered as a 10-hour intervention, consisting of 12 sessions held once a week. Each session lasts between 50 to 60 minutes. Some of the topics covered in the curriculum include: (1) Male and female reproductive anatomy; (2) Sexually transmitted infections; (3) Teen pregnancy; (4) Abstinence and birth control; and (5) Decision-making skills and peer pressure.

## EVALUATION METHODOLOGY

*Project T.E.A.M.* was evaluated locally using a pre- and post-survey designed to measure (1) changes in participants' knowledge and understanding of sexual risk-taking and safer sex, (2) attitudes toward teen pregnancy and safer sex, and (3) expectations to resist unsafe sex. This evaluation will examine how well the intervention achieved the outcomes identified in **Table 1**.<sup>2</sup>

**Table 1. Measurable Outcomes for *Project T.E.A.M.* (High School)**

OUTCOME	HOW IT IS MEASURED
1. At least 40% of participants in <i>Project T.E.A.M.</i> will increase their understanding of teen pregnancy prevention.	Pre- and post-survey; true-false items measuring knowledge of pregnancy prevention
2. At least 40% of participants in <i>Project T.E.A.M.</i> will increase their understanding of STI prevention.	Pre- and post-survey; true-false items measuring knowledge of STI prevention
3. At least 40% of participants in <i>Project T.E.A.M.</i> will increase their expectation to resist unsafe sex.	Pre-post survey; respondents asked whether they agree or disagree to five statements measuring their expectation to practice safer sex; items were used to generate a total score.
4. At least 30% of participants will indicate that they intend to access family planning services within the next 6 months.	Post-survey item asking likelihood will visit a local clinic.

<sup>1</sup> The acronym T.E.A.M. stands for Teenage Education to Avoid Motherhood

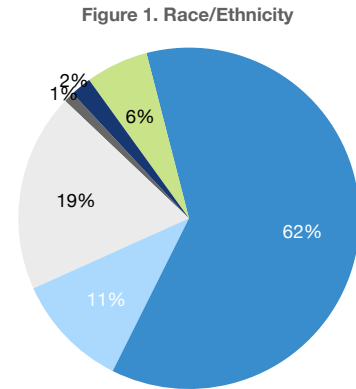
<sup>2</sup> A process outcome was also measured, but the data were collected by RCHF, not the local evaluation consultant. The process outcome read: "By June 30, 2011, a minimum of 250 youth will participate in *Project T.E.A.M.*, evidenced by attendance logs and positive parental consent forms."

## PARTICIPANT PROFILE

One hundred twenty-three (123) matched pre- and post-surveys were collected from participants from *Project T.E.A.M.* Descriptive information about these participants is offered below.

- ▶ **Site.** Surveys were collected from three sites -- Jurupa Learning Center (11%), Norte Vista High School (4%), and Ramona High School (85%).
- ▶ **Gender.** Fifty-three percent (53%) of those surveyed were male.
- ▶ **Race.** Sixty-two percent (62%) of those completing the survey were Hispanic (see **Figure 1**). Those identified as White ranked second in terms of frequency, making up 19% of the participant population.

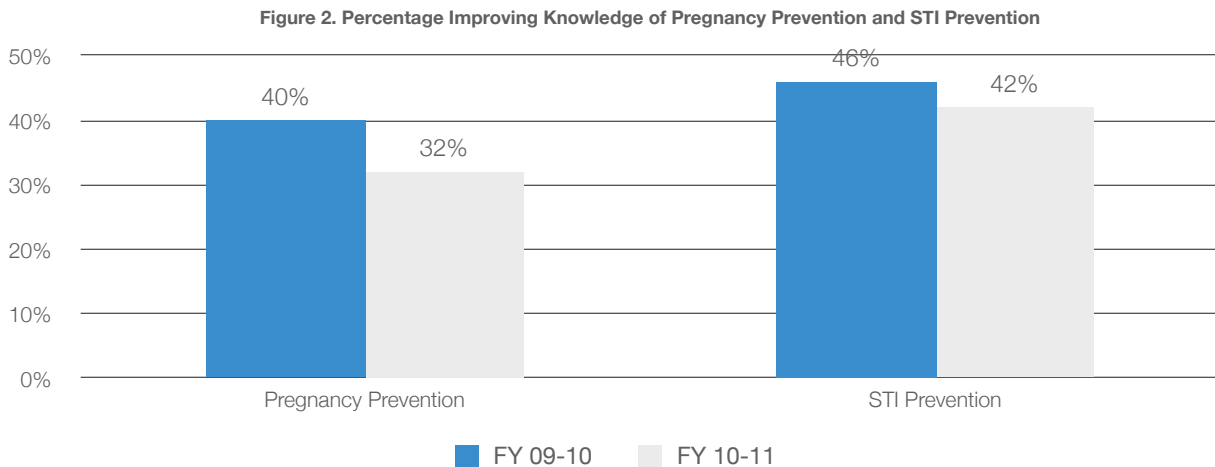
- Asian/Pacific Islander (2%)
- African American (6%)
- Hispanic (62%)
- Multi-Racial (11%)
- White (19%)
- Other (1%)



## OUTCOME 1: 40% WILL INCREASE UNDERSTANDING OF TEEN PREGNANCY PREVENTION

One of the most important goals of *Project T.E.A.M.* is to give teens accurate information about pregnancy prevention and sexually-transmitted infections (STIs). The first outcomes states that at least 40% of participants will increase their knowledge of teen pregnancy prevention. This outcome was measured through a series of true-and-false items. We asked four items relating to pregnancy prevention and four items relating to STI prevention. One point was given for each correct answer.

**Figure 2** below shows the percentage of participants that increased their score on the true-or-false items. A larger percentage of participants increased their score on STI knowledge than on pregnancy prevention knowledge. These results are consistent with those obtained last year (FY 09-10), but the percentages are lower this year.



Another set of survey items also addressed participants' knowledge of teen pregnancy prevention and STIs -- four items relating to STI prevention knowledge, three concerning pregnancy prevention. Each item consisted of a statement about STIs or pregnancy prevention and asked respondents to assess their level of knowledge of the topics. Respondents selected either "A Lot", "A Little", or "Not Much".

**Table 2** compares the percentage of participants indicating they learned "a lot" about each of the items relating to teen pregnancy prevention. The comparison shows **a dramatic difference from pre-survey to post-survey, with substantially more teens saying they learned a lot about each of the teen pregnancy prevention topics after Project T.E.A.M. By the end of the intervention, no less than half of all participants indicated that they knew "a lot" about each topic.** The percentage change from pre- and post-survey observed in **Table 2** was also greater than that observed last year for each item.

**Table 2. Participants' Understanding of Pregnancy Prevention, Pre-Survey versus Post-Survey**

ITEM	PRE-SURVEY % RESPONDING "A LOT"	POST-SURVEY % RESPONDING "A LOT"	DIFFERENCE
How to use different kinds of birth control effectively	18%	55%	<b>+37%</b>
Which method of birth control is the most effective	11%	51%	<b>+40%</b>
Exactly how and when pregnancy occurs.	36%	69%	<b>+33%</b>

**OUTCOME STATUS: NOT ACHIEVED**

Less than 40% of the youth increased their knowledge of teen pregnancy prevention, meaning that this goal was not achieved. Only 32% of youth increased their knowledge; however, when perceived knowledge was examined (Table 2), youth believed that they had learned a lot about preventing pregnancy. Additionally, the overall average score on the knowledge test also improved by 14% (from 2.38 to 2.71). The improvement from pre- to post-survey was statistically significant.<sup>3</sup>

**OUTCOME 2: 40% WILL INCREASE UNDERSTANDING OF STI PREVENTION**

The second outcome, much like the first, was measured by a series of true-false items. Four items addressed knowledge of sexually transmitted infections (STIs). Figure 2 (on the previous page) shows that the second outcome was achieved, with 42% of participants increasing their score.

Table 3 compares the percentage of participants indicating they learned a lot about each of the items relating to STI prevention. As with knowledge of teen pregnancy prevention (see Table 2), the comparison reveals a dramatic difference from pre- and post-survey.

**Table 3. Participants' Understanding of STI Prevention, Pre-Survey versus Post-Survey**

HOW MUCH DO YOU KNOW OR UNDERSTAND ABOUT EACH TOPIC BELOW?	PRE-SURVEY % RESPONDING "A LOT"	POST-SURVEY % RESPONDING "A LOT"	DIFFERENCE
Ways that you can reduce your chance of getting a sexually transmitted infection (STI) or HIV/AIDS	27%	75%	<b>+46%</b>
How STIs are passed from one person to another	43%	77%	<b>+34%</b>
Common STIs and their symptoms	8%	41%	<b>+33%</b>
The difference between viral and bacterial infections.	14%	36%	<b>+22%</b>

**OUTCOME STATUS: ACHIEVED**

This outcome was achieved. Forty-six percent (42%) of participants increased their knowledge of STI prevention. As with the first outcome, the change in the average score from pre- to post-survey increased, with the average score increasing by 13% (from 2.75 to 3.11). This improvement, furthermore, was statistically significant.<sup>4</sup> In short, *Project T.E.A.M.* appears to **substantially impact participants' knowledge of STI prevention.**

<sup>3</sup> Statistical significance was determined using a Wilcoxon signed-rank test, a nonparametric version of a t-test for paired data. We determined a standard t-test was not appropriate because the data were not normally distributed, one of the assumptions that must be met before using a t-test. Using a Wilcoxon signed-rank test, we found the increase in the average knowledge score was statistically significant [Z = 4.71, p <.0001].

<sup>4</sup> Statistical significance was determined using a Wilcoxon signed-rank test, a nonparametric version of a t-test for paired data. We determined a standard t-test was not appropriate because the data were not normally distributed, one of the assumptions that must be met before using a t-test. Using a one-way Wilcoxon signed-rank test, we found the increase in the average knowledge score was statistically significant [Z = 3.12, p <.0001].

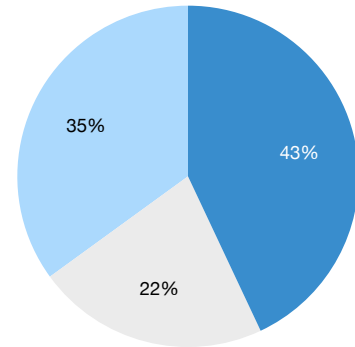
### OUTCOME 3: 40% WILL INCREASE EXPECTATION TO RESIST UNSAFE SEX

The third outcome states that 40% of youth participating in *Project T.E.A.M.* 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.

**Figure 3** shows the percentage of youth that increased, decreased, or did not change their expectation to resist unsafe sex. Forty-three percent (43%) increased their expectation to resist unsafe sex, enough to satisfy Outcome 3. Thirty-five percent (35%) showed a negative change in their scores, while 22% demonstrated no change in their expectation to resist unsafe sex.

Figure 3. Expectation to Resist Unsafe Sex

- Increased Expectation to Resist (43%)
- Decreased Expectation to Resist (22%)
- No Change (35%)



#### OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 43% of participants increasing their expectation to resist unsafe sex as a result of *Project T.E.A.M.* The increase in participants' average score from pre- to post-survey, unlike the first two outcomes, was not statistically significant.

### OUTCOME 4: 30% WILL INTEND TO ACCESS FAMILY PLANNING SERVICES

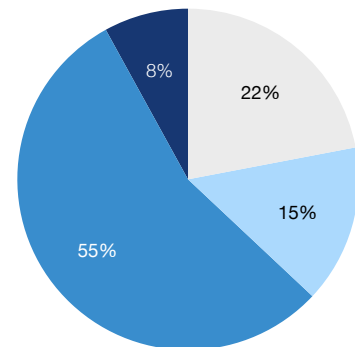
The fourth and final measurable outcome states that at least 30% of the youth finishing the intervention will indicate they intend to receive family planning services (FPS) within the next six months. A response of "Somewhat Likely" or "Very Likely" was used to indicate intent, although a response of "Very Likely" was preferred.

**Figure 4** shows that out of 92 respondents, **37% were either somewhat likely or very likely to access family planning services.** Just over half (55%) of teens indicated that they were not likely to do so.

The large number of teens (n=51) that were *not likely* to visit a local clinic or doctor to get birth control or get tested for an STI is not necessarily a negative finding. For these youth, we also wanted to know some of the reasons **why** they were not likely to receive family planning services in the next six months.

Figure 4. Likelihood of Accessing FPS

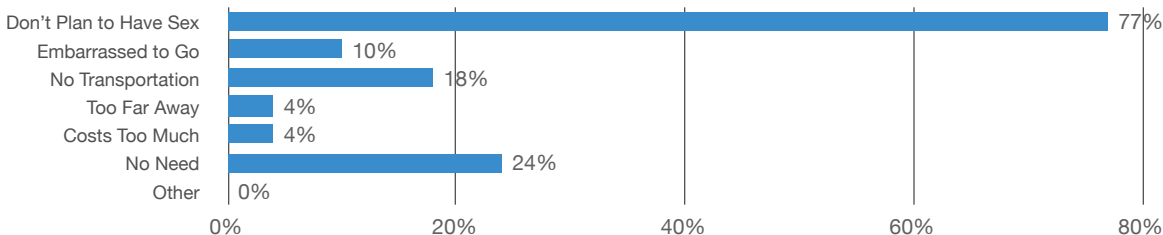
- Very Likely (22%)
- Somewhat Likely (15%)
- Not Likely (55%)
- No Opinion (8%)



**Figure 5** shows that the most common reason given for not getting family planning services was that they didn't plan to have sex within then next six months (77%).<sup>5</sup> Eighteen percent (18%) indicated that they were not likely to go because they didn't have transportation, with an equal percentage of teens indicating that the clinic was too far away.

The findings shown in **Figure 5**, then, help clarify why half of the teens did not feel they were likely to receive family planning services -- many teens simply did not plan on being sexually active. When these youth are removed, 83% of youth become somewhat likely or very likely to access family planning services.

Figure 5. Reasons Why Teens Won't Receive Family Planning Services in the Next Six Months (n=51)



<sup>5</sup> Teens could check more than one reason, which is why the percentages add up to more than 100%.

### OUTCOME STATUS: ACHIEVED

Over 30% of participants believed that they were *somewhat* or *very likely* to visit their doctor or a local family planning clinic within the next six months. Thirty-seven percent (37%) of participants indicated that they would. Furthermore, after removing those youth that indicated they were not likely to have sex, this percentage increased to 83%. The main reason teens gave for not visiting a clinic was that they were not planning to have sex.

Eleven percent (11%) also indicated that they have visited a local family planning clinic in the last six months. Over half (55%) indicated they went to a private physician for these services, while 46% went to the Riverside Neighborhood Health Center. Only two youth (18%) indicated that they went to the Arlanza Family Health Center. No youth indicated that they went to the Eastside Health Center.

### OTHER FINDINGS

Several other items on the survey, while not directly measuring a specific outcome, were examined. These items had to do with teens' perceived ability to (1) talk about sex with a partner, (2) use condom correctly, (3) convince a partner to use birth control, (4) refuse to have sex with someone who didn't want to use birth control, and (5) delay sex while a teen.

**Table 4** shows the percentage of youth that indicated they were "Very Sure" they could do each of these things. All of the items showed an increase of 10 percentage points or more, with the largest change (21% increase) concerning teens' ability to communicate with their partner about issues related to sex.

**Table 4. Participants' Perceived Ability to Practice Safer Sex, Pre-Survey versus Post-Survey**

ITEM	PRE-SURVEY % "VERY SURE"	POST-SURVEY % "VERY SURE"	DIFFERENCE
Talk about safer sex with a partner	47%	68%	<b>+21%</b>
Use a condom correctly if your partner wanted to	72%	89%	<b>+17%</b>
Ask a partner about his/her other sexual partners	44%	57%	<b>+13%</b>
Refuse to have sex with someone who didn't want to use birth control	33%	51%	<b>+18%</b>

### SUMMARY AND CONCLUSIONS

*Project T.E.A.M.* met all of its four outcomes. The findings from this evaluation were very similar to those observed last year; in some cases the results were identical.

Among the key findings of this local evaluation include the following:

- ▶ 32% of youth increased their knowledge of teen pregnancy prevention, satisfying one the intervention's measurable outcomes. Participants' overall average score on pregnancy prevention knowledge improved by 14%, and the improvement was statistically significant.
- ▶ 42% of youth increased their knowledge of STI prevention, satisfying one the intervention's measurable outcomes. Participants' overall average score on pregnancy prevention knowledge improved by 13%, and the improvement was statistically significant.
- ▶ 43% of youth increased their expectation to resist unsafe sex, but 35% of youth did not change their expectation at all. This met the standard set for the intervention's outcome, which was set at 40%.
- ▶ 37% of participants indicated that they were somewhat likely or very likely to visit a clinic or local doctor to get birth control or get tested for an STI in the next six months.
- ▶ The most common reason teens gave for not visiting a clinic was that they were not planning to have sex, with 77% of those not likely to go to a clinic indicating that this was the reason.

## RECOMMENDATIONS

No changes to the administration or evaluation of *Project T.E.A.M.* are recommended.

# Project T.E.A.M. (Middle School)

## PROJECT T.E.A.M. (MIDDLE SCHOOL)

*Project T.E.A.M.* for middle schools is presented in eight consecutive weeks and is embedded within *Avenues*, a 16-week, females-only intervention administered by the YWCA of Riverside after school. At the middle school level, *Project T.E.A.M.* focuses on body image and peer pressure, communication skills, the effects of teen pregnancy, and avoiding risky behaviors. This year's goal was to reach 70 females.

## EVALUATION METHODOLOGY

This intervention was evaluated locally through a focus group with participants. **Table 1** lists the outcome for this intervention.<sup>6</sup>

**Table 1. Measurable Outcomes for *Project T.E.A.M.* (Middle School)**

OUTCOME	HOW IT IS MEASURED
1. By June 30, 2010, participants completing this intervention will discuss the impact <i>Project T.E.A.M.</i> had on them (i.e., their attitudes and intended behavior). Participants will also provide information that can be used to improve <i>Project T.E.A.M.</i>	Focus group discussion with youth that have participated in the intervention. The focus group was led by the local evaluation consultant.

## PARTICIPANT PROFILE

Villegas Middle School was selected as the site for the focus group. Seven participants volunteered and were in attendance for the focus group. Several participants indicated that they had been in the intervention before, and many of them indicated that they heard about *Project T.E.A.M.* from a friend. The focus group was relatively short (20 minutes), and several of the girls provided little or no comments.

## OUTCOME 1: PARTICIPANTS COMPLETE FOCUS GROUP

The goal of the focus group was to address participants' reactions to the intervention and teens' assessment of what they learned. The questions were grouped according to the following categories: (1) General reactions to the intervention, (2) Program improvement, and (3) Program impact.

<sup>6</sup> A process outcome was also measured, but the data were collected and reported by RCHF, not the local evaluation consultant. The process outcome read: "By June 30, 2011, a minimum of 70 youth will participate in *Project T.E.A.M.* (Middle School), evidenced by attendance logs and positive parental consent forms."

## RESULTS

Below is summary of participants responses to the focus group questions. The summaries are short because the participants often were not able to explain their answers or provide more detail.

### **Question 1. If someone asked you what *Project T.E.A.M.* is all about, what would you tell them?**

#### *RESPONSE SUMMARY*

Most girls answered this question by focusing on what they learned -- for example, teen pregnancy and reproductive anatomy. In particular, the girls mentioned that they learn things that "...we wouldn't learn in class" and that what they learned would help "prepare them for the real world."

Youth also mentioned that they liked the facilitator, felt comfortable talking in the class, and learned a lot in the intervention. Overall they suggested that the environment created by the facilitator was welcoming and encouraged them to open up about their feelings.

#### *CONCLUSION*

Participants in *Project T.E.A.M.* believed the intervention was designed to teach them about teen pregnancy and "real world" issues. They also believed that the intervention provided them with an opportunity to share and discuss issues that they would not normally get to discuss.

### **Question 2. What are some of the things you enjoyed most about being in this program?**

#### *RESPONSE SUMMARY*

Among the responses were the following:

- ▶ **The Facilitator.** They mentioned that they felt comfortable asking Denise questions. They also mentioned that facilitator was able to give real-life examples that made the youth relate the facilitator better.
- ▶ **Role-Playing Activities.** The girls mentioned that they also liked the role-playing activities and skits they did in the intervention. They mentioned that the experience of acting out situations and scenarios made them feel more confident that they would know what to do if a similar situation actually occurred.

#### *CONCLUSION*

Girls in the intervention mentioned the facilitator and the role-playing activities as the things they enjoyed most about the intervention.

### **Question 3. Tell us some things that you might change about the program to make it even better?**

#### *RESPONSE SUMMARY*

Suggestions for changing the program included the following:

- ▶ Invite speakers to come
- ▶ Meet twice a week instead of once week

- ▶ Include videos when appropriate

For the most part, however, participants could not offer any suggestions to improve the intervention, even when a number of possible areas of improvement were presented to them. For example, they felt that there was a good balance between the amount of time spent on discussion and the time spent on activities. They also mentioned that they never felt bored in the program.

### CONCLUSION

Participants were only able to identify two things that could be done to improve *Project T.E.A.M.* These suggestions were to invite guest speakers and to meet more frequently. Overall, though, the participants enjoyed the intervention the way it was and didn't recommend any changes.

## **Question 4. What are some of the most important things you learned in *Project T.E.A.M.*? What will you remember most?**

### RESPONSE SUMMARY

Among the topics mentioned were the following:

- ▶ STIs -- this topic was mentioned a number of times as something that participants will remember from the intervention.
- ▶ The Consequences and Costs of Having a Baby
- ▶ Reproductive Anatomy and Physiology -- not having been exposed to this material in class, several girls mentioned that they learned something new.

### CONCLUSION

Girls in the program were able to identify some of the major lessons of *Project T.E.A.M.*, including STIs, the costs associated with having a child, and anatomy.

### RECOMMENDATIONS

As they did last year, the comments made by participants in the focus group suggest that the youth enjoyed the program and found it a comfortable environment in which to discuss issues they do not normally get to talk about in a classroom setting.

Suggestions to improve the intervention were few and are similar to those made last year. Among the most important recommendations are the following:

- ▶ Try to incorporate role-playing activities as much as possible.
- ▶ Invite guest speakers to a few sessions, particularly those that can share their personal experiences.
- ▶ Consider increasing the number of times the intervention meets -- from one to two times per week.
- ▶ Consider incorporating videos and more visual elements to the program. The visual aids that were used were well received.

# Project X-Men

## PROJECT X-MEN

*Project X-Men* is a 12-session intervention based on the *Reducing the Risk* and the *Be Proud! Be Responsible!* curricula. *Project X-Men* promotes the role of males in the prevention of unintended pregnancies and targets males, aged 15-25 in Riverside-area high schools, community schools, community centers, and youth centers.

One 50 to 60-minute session is conducted once a week. The topics covered include: (1) decision-making skills, (2) goal-setting skills, (3) female and male anatomy, (4) skill building, (5) violence and drug prevention, (6) self-esteem, (7) sexuality and birth control; (8) STIs, (9) career exploration, and (10) interpersonal relationships and anger management.

## EVALUATION METHODOLOGY

*Project X-Men* was evaluated locally using a two-page, pre- and post-survey. The survey was designed to measure the program goals (outcomes) identified in **Table 1**.<sup>7</sup>

**Table 1. Measurable Outcomes for *Project X-Men***

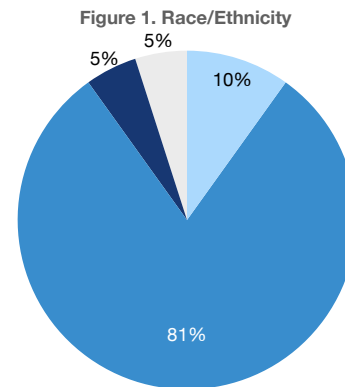
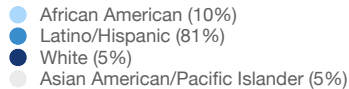
OUTCOME	HOW IT IS MEASURED
1. At least 50% of participants will increase their expectation to resist unsafe sex.	Pre-post survey; respondents asked whether they agree or disagree to five statements measuring their expectation to practice safer sex; items were used to generate a total score.
2. At least 50% of participants will increase their perceived self-efficacy.	Pre-post survey; nine items from a scale of self-efficacy
3. At least 70% of participants will indicate on the post-survey that they have prepared a résumé.	Pre-post survey; one item asking whether or not the respondent has completed a résumé.
4. At least 75% of <i>Project X-Men</i> completers who are over 16 years of age will indicate that they intend to apply for at least one job within the next six months.	Pre-post survey; one item asking whether or not the respondent intends to apply for at least one job.
5. Among sexually active youth, at least 40% will indicate that they are very likely to access family planning services within the next 6 months.	Pre-post survey; one item asking how likely the respondent is to visit a local clinic or doctor to get birth control or get tested for an STI.

<sup>7</sup> A process outcome was also measured, but the data were collected by RCHF, not the local evaluation consultant. The process outcome read: "By June 30, 2011, a minimum of 100 youth will participate in *Project X-Men*, evidenced by attendance logs and positive parental consent forms."

## PARTICIPANT PROFILE

In all we collected 21 matched pre- and post-surveys. Descriptive information about the participants is offered below.

- ▶ **Gender.** Although the intervention was designed primarily for males, about 24% (n=5) of those surveyed were female.
- ▶ **Race/Ethnicity.** A vast majority of (81%) of those surveyed were Hispanic, with those self-identified as African American taken a distant second (10%). The remaining 10% of participants were identified as either Asian American/Pacific Islander (5%) or White (5%).



## OUTCOME 1: 50% WILL INCREASE EXPECTATION TO RESIST UNSAFE SEX

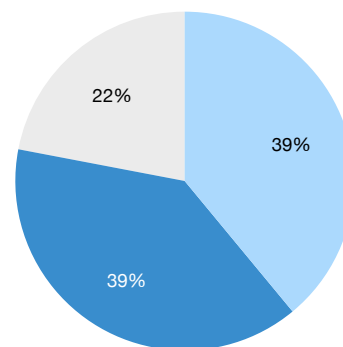
This outcome requires that 50% of youth completing *Project X-Men* will increase their expectation to resist unsafe sex. Five items asked participants to indicate how strongly they agreed or disagreed to a series of statements about their expectation to resist unsafe sex. Total scores on these questions ranged from 5 to 25, with higher scores suggesting a greater expectation to resist unsafe sex than lower scores.

A comparison of pre- and post-survey scores indicated that the overall change in scores was modest but encouraging. The average (mean) score on the scale actually increased from 18.56 to 19.11, an increase of just 3%. This was not statistically significant.<sup>8</sup>

**Figure 2** shows the percentage of youth that increased, decreased, or did not change their expectation to resist unsafe sex. **Only 39% increased their expectation to resist unsafe sex, falling short of the standard set by Outcome 1.** An equal percentage showed a decline in their expectation to resist unsafe sex.



**Figure 2. Expectation to Resist Unsafe Sex**



### OUTCOME STATUS: NOT ACHIEVED

Thirty-nine percent (39%) of participants increased their expectation to resist unsafe sex, which was not enough to meet the outcome for *Project X-Men*.

## OUTCOME 2: 50% WILL INCREASE THEIR PERCEIVED SELF-EFFICACY

*Project X-Men* aims to promote confidence in teens' ability to accomplish tasks and achieve goals. The second outcome states that at least 50% of participants will increase their perceived level of self-efficacy.

Ten items were used to measure participants' perceived self-efficacy. These items were borrowed from the General Self-Efficacy Scale (GSES), developed by Schwarzer (1992), which measures respondents' own assessment of his/her ability to overcome obstacles and accomplish goals.<sup>9</sup> The wording of the original items, however, were modified to make them easier to understand. Each of the items had a possible score ranging from 1 to 4, with higher scores indicating greater self-efficacy. Total scores could range from 10 to 40. The average (median) self-efficacy score for adults in the U.S. (based on a sample of nearly 1,600 adults) has been measured as 29.48, with a standard deviation of 5.13.<sup>10</sup>

<sup>8</sup> Statistical significance was determined using a one-way t-test for paired data. The standard for statistical significance was a probability (p-value) less than 0.05, meaning that there would be less than a 5% chance that a statement of statistical significance was, in fact, incorrect. The t-test that was conducted did not indicate statistical significance [t(17) = 0.501, p = .311].

<sup>9</sup> Jerusalem, M., and Schwarzer, R. (1992). "Self-Efficacy as a Resource Factor in Stress Appraisal Processes." In R. Schwarzer (Ed.), *Self-Efficacy: Thought Control of Action* (pp. 195-213). Washington, DC: Hemisphere.

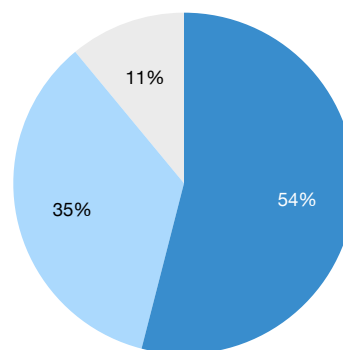
<sup>10</sup> The standard deviation is the average amount by which respondents' scores vary from each other.

Teens in *Project X-Men* on average scored close to the adult average -- 28.75 on the pre-survey and 29.34 on the post-survey, compared to the adult average of 29.48.<sup>11</sup> The increase from pre- to post-survey was not statistically significant.<sup>12</sup>

**Figure 3** shows that 54% increased their perceived self-efficacy as a result of being in *Project X-Men*, while over one-third (35%) showed a decline in self-efficacy.

- Increased Perceived Self-Efficacy (54%)
- Decreased Perceived Self-Efficacy (35%)
- No Change (11%)

Figure 3. Perceived Self-Efficacy



#### OUTCOME STATUS: ACHIEVED

This outcome was achieved, with only 54% of youth increasing their sense of self-efficacy.

### OUTCOME 3: 70% WILL HAVE PREPARED A RÉSUMÉ BY THE POST-SURVEY

The third outcome states that at least 70% of participants will have completed a résumé by the end of *Project X-Men*. This evaluation found that when youth entered the intervention, nearly half (47%) had completed a résumé. By the end of *Project X-Men*, 60% had done so.

#### OUTCOME STATUS: NOT ACHIEVED

This outcome was not achieved, as 60% indicated that they had completed a résumé by the end of *Project X-Men*. This represented a small increase over the pre-survey percentage.

### OUTCOME 4: 75% WILL APPLY FOR AT LEAST ONE JOB WITHIN THE NEXT SIX MONTHS

The fourth outcome states that at least 75% of those 16 and over will indicate that they intend to apply for a job within 6 months. Participants could respond “Yes”, “No”, or “Not Sure”.

Eighty percent (80%) of those 16 and over said that they would apply for a job within the next 6 months on the post-survey.

#### OUTCOME STATUS: ACHIEVED

This outcome was achieved, as 80% of youth indicated they would apply for a job within the next 6 months.

### OUTCOME 5: 40% OF SEXUALLY-ACTIVE YOUTH WILL I WILL INTEND TO ACCESS FAMILY PLANNING SERVICES WITHIN THE NEXT SIX MONTHS

The final outcome states that at least 40% of sexually-active youth will indicate that they intend to access family planning services in the next six months. Although the intervention educates teens about family planning services -- for example, where the clinics are and what kind of services are available -- RCOYC has had a difficult time proving that teens actually access the clinics because of its interventions. It was important to know, then, if teens felt that they would access the clinics.

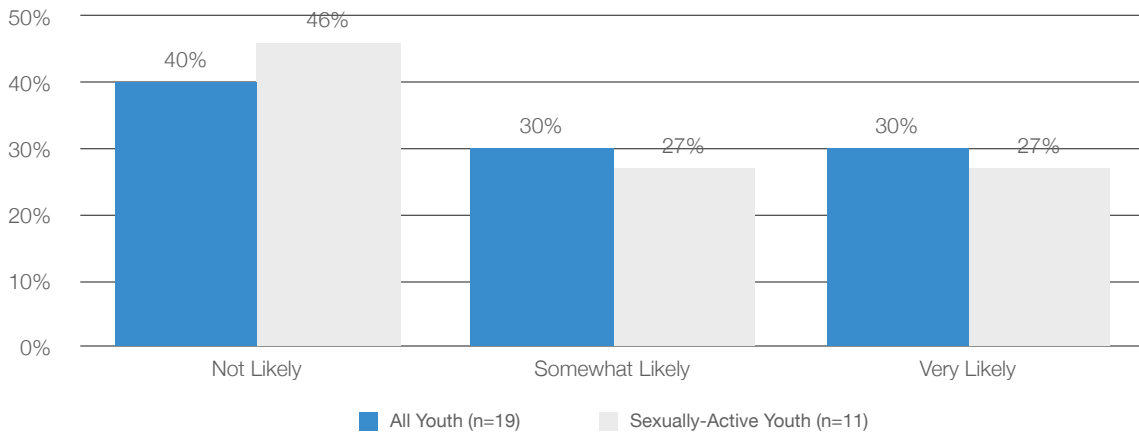
One could argue that it is more important that sexually active youth access these services than those that haven't had or don't plan to have sex. Therefore, we compared the responses of **all** youth that responded to this item (n=19) to a sub-group of participants -- those that said they were very likely to have sexual intercourse **or** very likely to engage in any other form of sex (n=11) in the next six months. **Figure 5** shows the percentage of those that said they were not likely, somewhat likely, or very likely to access family planning services. The percentage that marked “No Opinion” is not shown.

While 60% of all youth indicated that they were at least somewhat likely to access family planning services, among sexually-active youth, this percentage was even lower, at 54%.

<sup>11</sup> The standard deviation also decreased from pre-survey to post-survey -- from 5.30 to 4.69 -- suggesting that teens' responses became more similar after *Project X-Men*.

<sup>12</sup> Statistical significance was determined using a t-test for paired data. The average change in self-efficacy was not statistically significant [t(16) = 0.881, p = .196].

**Figure 5. Likelihood of Accessing Family Planning Services, Comparing All Youth and Sexually-Active Youth**



**OUTCOME STATUS: NOT ACHIEVED**

This outcome was not achieved with only 27% of sexually-active youth saying they were very likely to receive family planning services in the next 6 months.

**INTENDED BEHAVIOR**

*Project X-Men* had a substantial effect on teens’ intended behavior, as indicated by how likely participants were to (1) have sexual intercourse, (2) engage in other forms of sex (e.g., oral or anal), and (3) have more than one sex partner within the next six months. Unfortunately, however, the impact that was observed was the opposite of what was intended, with a larger percentage of youth on the post-survey indicating that they would have sex. A comparison of the percentage of respondents that said they were “very likely” to engage in these activities is shown in **Table 2**.

**Table 2. Participants’ Intended Sexual Activity, Pre-Survey versus Post-Survey**

ITEM	PRE-SURVEY % “VERY LIKELY”	POST-SURVEY % “VERY LIKELY”	DIFFERENCE
Have sexual intercourse	44%	52%	<b>+12%</b>
Engage in other forms of sex (e.g., oral, anal)	28%	45%	<b>+17%</b>
Have more than one sex partner	11%	29%	<b>+18%</b>
If you have sex, use protection against pregnancy and STIs	69%	62%	<b>-7%</b>

**SUMMARY AND CONCLUSIONS**

Based upon this evaluation, *Project X-Men* met four of its five local impact outcomes (80%). Only the outcome relating to self-efficacy (Outcome 2) was not met.

In general, teens finishing this program gained experience preparing a résumé, improved their sense of self-efficacy, planned to apply for a job, and increased their comfortable-level accessing a teen clinic for reproductive health services.

Among the key findings of this local evaluation include the following:

- ▶ 39% of participants increased their expectation to resist unsafe sex.
- ▶ 54% increased their perceived self-efficacy, exceeding the goal of 50%.

- ▶ 60% of youth that finished *Project X-Men* completed a résumé, compared to only 47% who had done so before they started the intervention.
- ▶ 60% of all youth said they were at least somewhat likely to access a teen clinic in the next six months. Among youth that indicated they were very likely to have sex, this percentage was slightly lower (54%).

## RECOMMENDATIONS

No changes are recommended, as the intervention appears to have a significant impact on youth.

# Peer-to-Peer

## PEER-TO-PEER

The goal of the Peer-to-Peer (P2P) intervention is to promote and support the development of self-assured, future-oriented youth capable of navigating through adolescence to responsible adulthood and contributing positively to society. P2P is made up of 20 successful graduates from *Project T.E.A.M.* and *Project X-Men*. Up to four teens from P2P are selected and trained as Teen Advocates, who assist with Youth Coalition projects, conduct presentations, and volunteer at local teen clinics for at least six months.

## EVALUATION METHODOLOGY

The Peer-to-Peer intervention was evaluated via a focus group discussion. The focus group questions addressed Teen Advocates' reactions to the program, both positive and negative. Additionally, we asked teens to assess the impact they felt they had as a Teen Advocate on other teens and, conversely, what impact the experience had on them. **Table 1** lists the outcome for this intervention.<sup>13</sup>

**Table 1. Measurable Outcomes for Peer-to-Peer Intervention**

OUTCOME	HOW IT IS MEASURED
1. By June 30, 2011, participants completing this intervention will discuss the impact P2P had on them (i.e., their attitudes and intended behavior). Participants will also provide information that can be used to improve P2P. Information will be collected via a focus group conducted by the local evaluation consultant.	Focus group discussion with Teen Advocates. The focus group was led by the local evaluation consultant.

## PARTICIPANT PROFILE

Two Teen Advocates participated in the focus group, which was held at Eastside Family Health Clinic in Riverside on June 8, 2011.

## OUTCOME 1: PARTICIPANTS COMPLETE FOCUS GROUP

The goal of the focus group was to address participants' reactions to the intervention and teens' assessment of what they learned. The questions were grouped according to the following categories: (1) General reactions to the intervention, (2) Program improvement, and (3) Program impact. The questions for the focus group were modified from last year's evaluation.

<sup>13</sup> Process outcomes were also measured, but the data were collected by RCHF, not the local evaluation consultant and are, therefore, not examined in this report. These process outcomes stated that a minimum of 20 youth would participate in the P2P training and that four Teen Advocates would be selected.

## RESULTS

The results below are highlights from the focus groups and reflect the main ideas expressed by participants. Included below are responses to the main questions and the probe questions.

### Question 1. How would you describe your role as a Teen Advocate? In other words, what do you do?

#### RESPONSE SUMMARY

Teen Advocates (TAs) saw themselves primarily as “myth busters” and educators. They saw themselves as correcting many of the misperceptions and misinformation that young people hear about sex from their friends. One of the TAs indicated that their role provides valuable information to teens: “It’s helping a lot of teenagers out.” Additionally, the TA commented, “It’s actually better that, like, we’re around to help them out, to answer their questions...”. As educators, one of the TAs mentioned that much of the instruction pertains to contraception, particularly for females.

*“We just correct a lot of myths that they come in with.”*

#### CONCLUSION

TAs see themselves as educators and “myth busters”, a role which they feel is needed and beneficial to youth.

### Question 2. What are some of the most important things you have learned in the Peer-to Peer program?

#### RESPONSE SUMMARY

The main thing that TAs felt they learned, in addition to the material itself, was how to communicate more effectively. Both TAs mentioned that what makes a good TA is someone that is comfortable talking about the material -- that is, sex and related topics-- something they were not necessarily able to do when they first began training as a TA. However, they both indicated that being confident in what you know and being able to communicate it with authority is critical to success. Youth will feel more comfortable talking and engaging them the TAs in a discussion if the youth feel that the TAs know their material and can offer accurate advice.

#### CONCLUSION

Improved communication skills is the main thing that TAs learned in the Peer-to-Peer intervention.

### Question 3. What are some the things you enjoyed most about being in the Peer-to-Peer program?

#### RESPONSE SUMMARY

Among the things that TAs said they enjoyed were the following:

- ▶ **Being able to share what they have learned with others.** One TA was able to use what was learned in the training to give a speech in class on birth control.
- ▶ **Being able to help others.** Relatedly, TAs recounted experiences they have had where they felt they were really able to help the youth, with the youth sharing their experiences and seeking help.
- ▶ **Getting more people to come to the clinic.** TAs mentioned that they liked promoting the services at the clinic and seeing youth access those services.

## CONCLUSION

TAs found the experience of being a TA personally rewarding, particularly being able to help others.

### Question 4. What are some things you might change about the program to make it even better?

#### RESPONSE SUMMARY

TAs mentioned that much appears to have been improved since last year thanks, mostly, to a change in management of the clinic. The teen clinic room is cleaner and no longer doubles as a storage. Although they mentioned that it is too early to tell how much things have improved because it was only a few weeks after the transition in management, TAs indicated that the wait-times for youth to be seen by a doctor seem to be shorter and the staff is much more supportive of teen clinic than the staff ever was under the previous manager.

TAs, however, did have a few suggestions about how things could be improved, including the following:

- ▶ **Offer Additional Trainings for TAs to Help Handle Specific Issues.** One TA mentioned the need for a training in helping to talk with youth that are in a bad relationship. Additionally, more training concerning the proper handling of cases where relationship violence is suspected is needed.
- ▶ **Allow a Way for Youth to Ask Questions Anonymously.** One TA mentioned obtaining a Google number for youth to call when they have questions. Other ideas included a Facebook page, an e-mail for TAs, and a text line dedicated to questions from youth. The TAs mentioned that many of the youth just have questions and do not really need to visit the clinic.
- ▶ **Develop a Facebook Page.** The Facebook page could help promote the clinics and could also offer a way for TAs to communicate with the youth they serve (and a way for youth to contact the TAs).
- ▶ **Name Tags.** The TAs would like name tags to distinguish them from others and to make it easier for the youth to approach them and ask questions.
- ▶ **Business Cards.** The TAs believe that having business cards would encourage youth contact them to ask questions.
- ▶ **Have a Room for Private Conferences.** Although many youth have no problem talking in front of others and asking questions, some youth do, or they have personal issues where privacy is desired. TAs mentioned that having a private place available where a youth and a TA could go to talk could be useful.
- ▶ **Improve Promotion of the Teen Clinics.** TAs suggested that they provide presentations about the clinics, at school assemblies, in classrooms, or at community sites.

## CONCLUSION

The Teen Advocates offered a number of suggestions, most of them designed to improve communication between TAs and the youth.

### Question 5. What advice would you give to future TAs?

#### RESPONSE SUMMARY

TAs would tell their successors how important it is to make the youth that come into the clinic comfortable. Doing this effectively depends upon the TAs ability to project confidence, which builds trust between the youth and the TA.

## CONCLUSION

TAs stressed the importance of not only knowing the material but in being able to communicate that information with confidence and in being able to make the youth feel comfortable enough to ask questions and engage in a discussion about what are generally very personal issues.

## RECOMMENDATIONS

Recommendations for the Peer-to-Peer intervention are those offered by the TAs themselves in response to the question about what can be changed to make the Peer-to-Peer intervention even better. Providing TAs with business cards, name tags, and a way for youth to contact them anonymously are among the recommendations that TAs felt were most important and could be addressed quickly. Additionally, additional trainings on how to handle issues they are likely to encounter while helping youth (e.g., relationship violence) would be beneficial and should be considered.

# Informational Presentations

## INFORMATIONAL PRESENTATIONS

To increase community involvement and awareness of teen pregnancy and other teen-related issues, RCOYC planned three, one-hour informational presentations targeting adults. RCOYC aimed to reach at least 40 adults through these presentations. RCOYC conducted a total of three, 60-minute presentations, with each presentation devoted to a specific topic. This year, two presentations were held on substance abuse -- one in English and one in Spanish.<sup>14</sup>

## EVALUATION METHODOLOGY

We evaluated the informational presentations by administering an audience feedback survey at the end of each presentation. The survey asked participants to (1) rate the presentation, (2) indicate whether or not they had learned anything new about teen pregnancy prevention, STIs, substance abuse, and local resources for youth or parents, (3) estimate how likely they were to talk with their child or use what they learned, and (4) indicate what impact the presentation had on their willingness or ability to talk with their child about substance abuse. The feedback survey was designed to measure the program goals (outcomes) identified in **Table 1**.

**Table 1. Measurable Outcomes for the Informational Presentations**

OUTCOME	HOW IT IS MEASURED
1. At least 30 participants will attend the informational presentations and complete the audience feedback surveys.	Number of feedback surveys returned
2. At least 65% of presentation attendees will rate the information presented as "Very Good" or "Excellent".	Feedback survey, one item asking attendees to rate presentation
3. At least 75% of presentation attendees will indicate that the presentations increased their awareness of local services and resources for teens.	Feedback survey, one item asking attendees to indicate if they learned anything new about local teen services.
4. At least 50% of presentation attendees will indicate that the presentation increased their willingness to talk to teens (including their own children, if they are parents) about teen pregnancy prevention.	Feedback survey, one item asking attendees to indicate if the presentation increased their willingness to talk to a teen about pregnancy prevention ("Yes, a little", "Yes, a lot", "No", and "No Opinion")

<sup>14</sup> Other presentations were scheduled, but they were cancelled due to poor attendance.

## PARTICIPANT PROFILE

The presentations held on substance abuse were well attended. RCHF collected 75 feedback surveys, or 20 more than RCHF collected last year for three presentations. Descriptive information gathered from the feedback surveys is presented below.

- ▶ **Language.** Seventy-three percent (73%) of participants completed the surveys in Spanish; 27% were completed in English.
- ▶ **Gender.** Two thirds of attendees were female (66%).
- ▶ **Age.** Twenty-nine percent (29%) of attendees were under 21 years of age, 31% were between 21 and 40, and 40% were over 40 years of age.
- ▶ **Race and Ethnicity.** Attendees to the presentations were predominantly Hispanic. In fact, Hispanics made up 94% of attendees. Whites made up the remaining 6%.
- ▶ **Parents of Teens.** Seventy-two percent (72%) of attendees had at least one child between 12 and 20 years of age.

## OUTCOME 1: AT LEAST 30 PARTICIPANTS WILL COMPLETE FEEDBACK SURVEYS

The first outcome states that at least 30 (of the anticipated 40) presentation attendees will complete the feedback survey. With a total 75 surveys collected, RCOYC exceeded this goal.

### OUTCOME STATUS: ACHIEVED

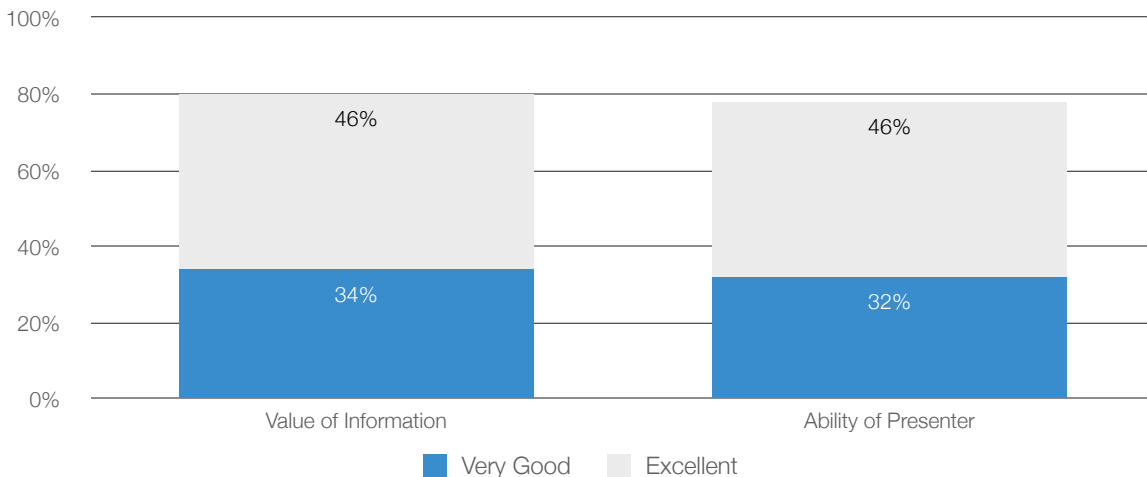
Seventy-five surveys (75) were collected, exceeding the goal of 30 by goal by 150%.

## OUTCOME 2: AT LEAST 65% WILL RATE THE INFORMATION PRESENTED “VERY GOOD” OR “EXCELLENT”

The second outcome states that the presentations and presenters will be rated as “Very Good” or “Excellent” by 65% of attendees. This outcome was measured by an item asking participants to rate the value of the information presented. Additionally, to gauge their opinion of the presenter, we asked attendees to rate the ability of the presenter to present the material clearly.

**Figure 2** shows the percentage of attendees rating each of the presentations as “Very Good”, or “Excellent”. Overall, **80% rated the presentations as “Very Good” or “Excellent”**. No one rated the information presented as “Poor” and only 6% rated the information as “Fair”. **Figure 2** also shows that roughly the same percentage (78%) rated the presenter as either “Very Good” or “Excellent”.

**Figure 2. Percent Rating Presentations “Very Good” or “Excellent”**



### OUTCOME STATUS: ACHIEVED

This outcome was achieved, whether the outcome is based on the value of the information presented or upon attendees' ratings of the presenter. Eighty percent (80%) of attendees rated the value of the information presented as "Very Good" or "Excellent", and 78% rated the ability of the presenter as highly.

### OUTCOME 3: AT LEAST 75% WILL INDICATE PRESENTATION INCREASED THEIR AWARENESS OF TEEN SERVICES

The third outcome requires that at least 75% of participants indicate that they learned something new about services for teens. Attendees could respond "Yes, a little", "Yes, a lot", "No", or "No Opinion".

Nearly all attendees (94%) felt that they learned at least a little about local services for teens at the presentations -- 22% said "a little", 72% said "a lot".

**Figure 3** shows the percentage of attendees that indicated they learned a little and a lot about local teen services.

Positive results were also found when attendees were asked whether they learned anything new about services and resources for parents. Twenty-one percent (21%) of attendees said that they learned a little, and 69% said they learned a lot about local parent services.

### OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 80% of attendees indicating they learned something new about local services for teens. This exceeded the stated goal of 75%.

### OUTCOME 4: AT LEAST 50% WILL INDICATE PRESENTATION INCREASED WILLINGNESS TO TALK TO TEENS

The final outcome states that at least 50% of participants will be more willing to talk to a teen (or their own children) about teen pregnancy prevention. We found that 90% of participants indicated that there were likely or very likely to talk to a teen about pregnancy prevention -- 9% said they were **somewhat likely** to talk to a teen; 81% said they were **very likely** to do so. **Figure 4** shows responses to this item.

Parents were also asked (1) whether or not they felt they were better able to identify the warning signs of substance use/abuse after attending the presentation and (2) whether or not they felt that the presentation will help them communicate with their children more effectively about using drugs and alcohol.

- ▶ 78% (55 out of 71) felt that they were "a lot" better at identifying the warning signs of substance use and abuse; 21% said they were "a little" better at doing so after attending the presentation".
- ▶ 78% (53 out of 68) of attendees said the presentation will help them "a lot" when it comes to communicating with their child more effectively about alcohol and other drugs. Eighteen percent (18%) said it helped them "a little", with only 4% saying the presentation did not help them.

Figure 3. Learned Something New about Teen Services

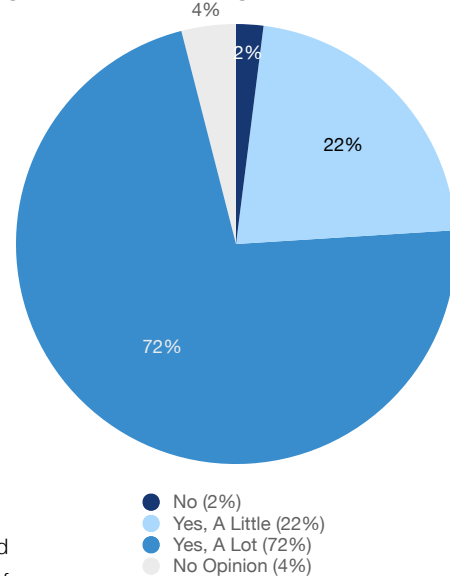
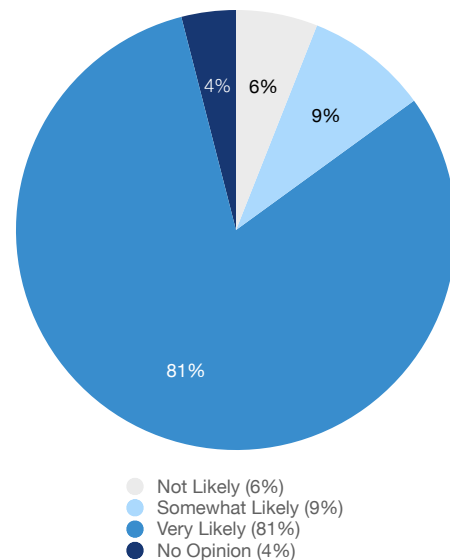


Figure 4. Will Talk to Teen about Pregnancy Prevention



### *OUTCOME STATUS: ACHIEVED*

This outcome was achieved, as 90% of attendees said the presentations increased their willingness to talk to a teen about pregnancy prevention.

## SUMMARY AND CONCLUSIONS

The informational presentation intervention met all four of its measurable outcomes. A summary of the key findings from the survey are as follows:

- ▶ RCHF collected 75 surveys this year.
- ▶ 80% of attendees rated the presentations as “Very Good” or “Excellent”.
- ▶ 94% of attendees indicated they learned something new about local services for teens.
- ▶ 81% of all attendees said that they were very likely to talk to a teen about pregnancy prevention.

## RECOMMENDATIONS

After each presentation, we ask community members to identify new or additional topics they would like to see presented and ways in which the presentations could be improved.

- ▶ **Continue Providing Presentations to Parents.** Almost all of the participants (98%) agreed that presentations like the one on substance abuse are needed in the community.
- ▶ **Include Additional Topics.** When it comes to ideas for presentation topics, the most common topics mentioned were STIs and rape and violence.
- ▶ **Use Visual Aids in the Presentation, Including Posters and Videos.** This was a common suggestion among attendees.

# Teen Events

## TEEN EVENTS

The Riverside Challenges of Youth Coalition (RCOYC) hosted three community events this year -- two teen clinic tours -- one each at Arlanza Family Health Center and Eastside Family Health Center -- and the Young Men's Conference ("Keeping it Real") held at Riverside Convention Center on April 13, 2011. Together, these events sought to increase community awareness of and involvement in teen pregnancy prevention by providing information and referrals for teens and their families. RCOYC hoped to reach at least 200 community members through these events.

## EVALUATION METHODOLOGY

The teen events were evaluated using a brief participant feedback survey. The surveys at the teen clinic tours were administered a one-page survey that asked them to rate the event, what they learned on the tour, and their use and likely use of using the clinics. The Young Men's Conference Survey asked attendees to rate each workshop they attended and to assess what they felt they learned. Each survey was tailored to for the event, so except for a few items, the results for the surveys cannot be combined. The outcomes measured by the surveys are shown in **Table 1**.

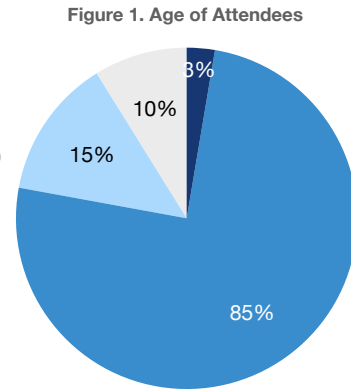
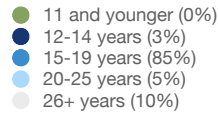
**Table 1. Measurable Outcomes for the Teen Events**

OUTCOME	HOW IT IS MEASURED
1. At least 100 of event attendees will complete the feedback survey.	Total number of feedback surveys collected
2. At least 60% of event attendees will indicate that they learned something new about teen pregnancy and STDs.	Not directly measured on either survey
3. At least 85% of attendees will rate their satisfaction with the events "Very Good" or "Excellent".	Both event surveys; one item asking for attendees' rating of the teen event
4. At least 60% of all attendees surveyed will indicate that the event increased their awareness of local services or resources for teens.	Young Men's Conference survey; one item asking attendees whether or not they learned anything new about local teen services/resources.
5. At least 65% of attendees will indicate that they will use the information presented at the community event.	Both event surveys; one item asking whether or not attendee will use what they learned.

## PARTICIPANT PROFILE

A total of 161 were collected -- 38 from the teen clinic tours and 123 from the Young Men's Conference. A description of attendees is provided below. Twenty-one of the 38 surveys (55%) from the teen clinic tours were from the Arlanza clinic.

- ▶ **Gender.** Combining data both events, a much larger percentage of participants (76%) were male, no doubt due to the number of surveys collected from males attending the Young Men's Conference.
- ▶ **Age.** Combining data both events, 85% of attendees were between 15 and 19 years of age. The age distribution of attendees is shown in **Figure 1**.



## OUTCOME 1: AT LEAST 100 FEEDBACK SURVEYS

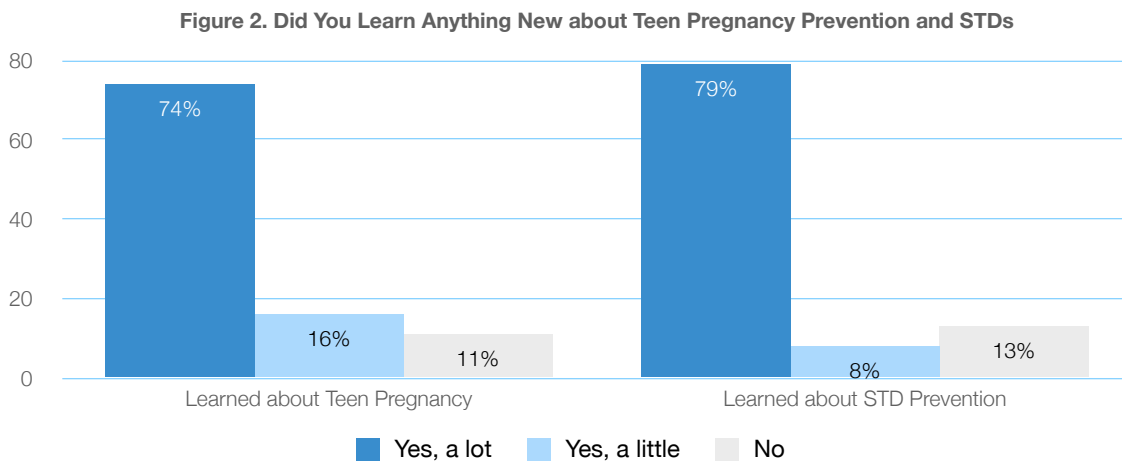
The first outcome sets as a goal that at least 100 feedback surveys would be collected at the teen events. This year, 161 surveys were collected.

### OUTCOME STATUS: ACHIEVED

This outcome was achieved, with RCHF collecting 161 feedback surveys, exceeding this year's goal.

## OUTCOME 2: AT LEAST 60% WILL SAY THEY LEARNED SOMETHING NEW ABOUT STDs AND TEEN PREGNANCY

The second outcome states that at least 60% will indicate that they learned something new about STDs and teen pregnancy by attending the event. This outcome was measured by two items on the surveys for the teen clinic tours. Results show that 90% of attendees learned at least a little new about teen pregnancy while 87% learned as much about sexually transmitted diseases (STDs), as shown in **Figure 2**.



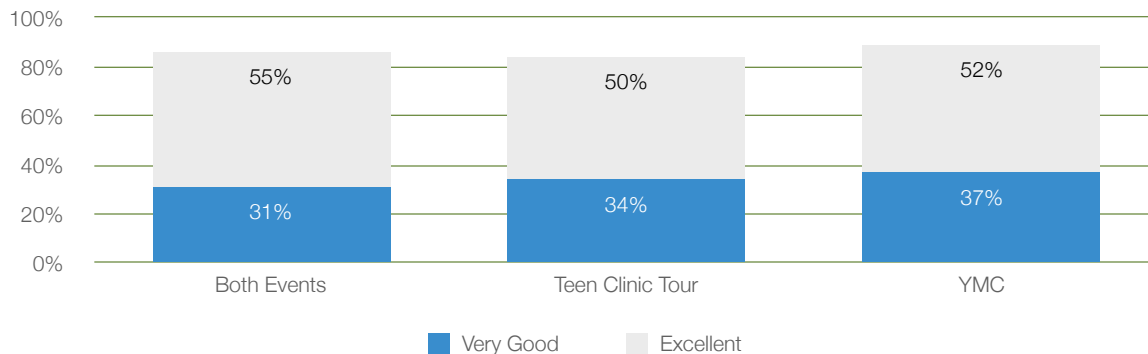
### OUTCOME STATUS: ACHIEVED

This outcome was met, with 74% and 79% of attendees indicating that they learned a lot new about teen pregnancy and STD prevention.

### OUTCOME 3: 85% WILL RATE THEIR SATISFACTION WITH THE EVENTS AS “VERY GOOD” OR “EXCELLENT”

The third outcome states that at least 85% of survey respondents will rate the event favorably. We asked respondents to rate the event overall (from “poor” to “excellent”) and to rate the information they received on teen pregnancy prevention from poor to excellent.<sup>16</sup> **Figure 3** below **shows that 86% rated both events as “Very Good” (31%) or “Excellent” (55%).**

**Figure 3. Attendees’ Rating of the Events**



#### OUTCOME STATUS: ACHIEVED

This outcome was achieved overall, with 86% of attendees rating the events as “Very Good” or “Excellent”. Ratings of the YMC were slightly higher than those for the teen clinic tours, where the percentage indicating that the event was “Very Good” or “Excellent” did not exceed 85%.

### OUTCOME 4: 60% INCREASED THEIR AWARENESS OF LOCAL SERVICES OR RESOURCES FOR TEENS

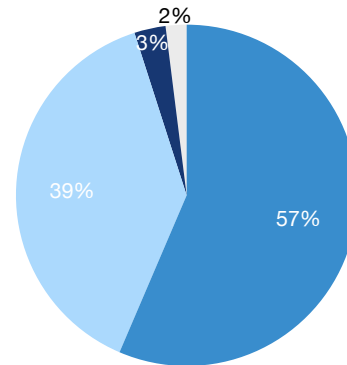
The fourth outcome states that at least 60% of attendees will indicate that they learned something new about local services and resources for teens. This outcome was most directly measured by the Young Men’s Conference survey with the following item:

*“By attending this conference, do you feel that you learned something new about resources and services available to teens?”*

- Yes, a lot (57%)
- Yes, a little (39%)
- No, not really (3%)
- No opinion (2%)

**Figure 4** shows that over half (57%) of YMC attendees felt they learned a lot about resources and services available to teens, while another 39% felt they learned a little.

**Figure 4. YMC Increased Awareness of Teen Services**



#### OUTCOME STATUS: ACHIEVED

This outcome was achieved, with 96% of attendees indicating that they learned something new. This is the same percentage as last year.

### OUTCOME 5: AT LEAST 65% WILL USE THE INFORMATION PRESENTED AT THE COMMUNITY EVENT

The final measurable outcome addressed by the local evaluation states that at least 65% of those attending the events will indicate that they plan to use the information offered at the event. This outcome was measured by one item on the Young Men’s Conference Survey: *“Do you think the “Keeping it Real” Young Men’s Conference has helped you make better decisions about your future?”*.<sup>16</sup>

Ninety percent (90%) of YMC attendees felt that the conference might help them. While 54% indicated that it definitely would help them make better decisions, another 36% indicated “Yes, Maybe”.

<sup>15</sup> We also asked participants what they liked most about the Young Men’s Conference. Attendees provided short-answer replies. Their answers are provided in the **Appendix**.

<sup>16</sup> We also asked attendees of the YMC what was the most important thing they learned. Responses are provided in the **Appendix**.

### OUTCOME STATUS: ACHIEVED

This outcome was achieved. A majority of participants indicated that what they learned at the YMC might help them, with over half (54%) saying that what they learned would definitely help them make better decisions. While it would have been preferable to have over 65% of attendees indicate that the conference “definitely” helped them make better decisions, the results were still positive.

## SUMMARY AND CONCLUSIONS

This intervention met four of its five outcomes this year.<sup>17</sup> Only Outcome 3, which stated that at least 85% of attendees will rate the event as “Very Good” or “Excellent” was not achieved. Among the most important findings of this evaluation include:

- ▶ 161 surveys were collected, far exceeding this year’s goal of 100.
- ▶ 74% and 79% of attendees, respectively, indicated that they learned a lot new about teen pregnancy and STD prevention.
- ▶ 86% of attendees rated the teen events as “Very Good” or “Excellent”. The Young Men’s Conference was rated higher than the the Career, College & Health Expo in terms of satisfaction, with 85% rating it as “Very Good” or “Excellent”, compared to 65% for the Teen Expo.
- ▶ 96% of attendees indicated that they learned something new about local services for teens, with 57% indicating that they learned “a lot”.
- ▶ A majority of participants indicated that what they learned at the YMC might help them, with over half (54%) saying that what they learned would *definitely* help them make better decisions.

## RECOMMENDATIONS

Recommendations for the teen events came from the attendees themselves, who were asked to indicate what could be done to improve future events. Suggestions for improvement came only from attendees at the YMC.

For the Young Men’s Conference, most of the recommendations fell into a few categories, which are listed below. A full list of their comments is included in the **Appendix**. Because of limited time, it would be difficult to incorporate both of the suggestions below.

- ▶ **More workshops.** A common theme expressed in many of the comments was to have more workshops. One person even suggested that the second general sessions be eliminated to make time for more workshops.
- ▶ **More speakers.** Participants enjoyed the speakers and would like to see more speakers in the future.

Other notable participants suggestions included distribute condoms, having more food, and improving the sound system. These may not be practical, however.

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<sup>17</sup> A summary of the results from the Career, College & Health Expo is included in the Appendix.

# Appendix

## APPENDIX: YOUNG MEN'S CONFERENCE COMMENTS

The following comments were taken from the feedback survey administered to participants attending the Young Men's Conference (YMC). Comments that were irrelevant, inappropriate, or not completely legible have been omitted. Minor corrections to spelling have been made to improve the readability of the comments, but they are otherwise unedited.

### Question 7. What did you like most about today's conference?

The following are participants' responses to this question. In general, the most common comments concerns teens' appreciation for the food, the value of the workshops, and (especially) the speakers and the stories they heard.

- ▶ The free stuff
- ▶ The stories that were shared
- ▶ I loved the speeches. They truly opened my mind to decide what I want to do after h.s. I really need to think about my future.
- ▶ everything
- ▶ I liked the creative arts workshop. It gave me many thoughts of a future career.
- ▶ The fact that everybody opened to each other and shared hardships with each other. And the fact that we were provided with
- ▶ creative arts workshops, keeping it real
- ▶ I liked when the people gave speeches about there lives
- ▶ I like that people came up and told us their story
- ▶ The gang stories
- ▶ The food and workshops
- ▶ The speakers were real and they shared there time evenly
- ▶ The food and the event
- ▶ Real life experience
- ▶ The personal stories that were shared
- ▶ How people care for others future
- ▶ Audio push and the speakers
- ▶ The food
- ▶ Everyone's stories
- ▶ I got help from different kinds of people
- ▶ Very informational, good information
- ▶ I liked the speaker and the mentors
- ▶ People telling their struggles to everyone
- ▶ It was a good time and learned a lot

- ▶ That it made me realize to decide between good and bad, and also think about my future
- ▶ That everyone was giving speeches about their lives
- ▶ The speakers
- ▶ When everybody spoke about their lives
- ▶ The people speeches
- ▶ The speakers were very inspirational
- ▶ Guest speakers
- ▶ it is a very nice place, food, etc.
- ▶ The powerful speakers
- ▶ The older people tell us they been through the same as us and helping us for our future
- ▶ Telling about us about what's good and bad
- ▶ The food
- ▶ The food and the candy
- ▶ I like how a lot of people know what to say that makes you think about what you're doing in life
- ▶ I loved the food
- ▶ The food
- ▶ The food!
- ▶ The food and the speakers
- ▶ Everything
- ▶ The speakers they told us things that are personal to them
- ▶ Everything
- ▶ It involves people our own age
- ▶ The panel was excellent. Much more passionate speakers than last year
- ▶ The performance and the talk about Frederick Douglass
- ▶ The speakers that really reached out to get our attention and share their personal story it really reached out to me
- ▶ The speakers that presented today
- ▶ The interaction with the boys and participation
- ▶ Creative careers
- ▶ The music performance
- ▶ The individual speeches
- ▶ I learned a lot about what I could do outside in the real world
- ▶ That I didn't have to go to school
- ▶ The food
- ▶ The food
- ▶ Brotherly love
- ▶ Guest speakers
- ▶ All the people encouraging us young people
- ▶ The speaker
- ▶ How they used people who have been in the same situation as we have been to speak
- ▶ Keynote speaker
- ▶ The speeches and the letter
- ▶ The people they had come talk to us
- ▶ Everything was good but I loved breakfast
- ▶ The thing I liked more about today's conference was the knowledge that was given. I also liked the conference
- ▶ How real it is and that they care!
- ▶ Everything, it was great
- ▶ All the different people who talked, each having different stories and experiences and how their decisions were good/bad
- ▶ Teens like us talk about their life and some of that I'm going through but I'm changing
- ▶ Inspiring
- ▶ healing from the youth who have gone through their own trials and tribulations. Puts things in perspective

- ▶ the personal story
- ▶ creative careers media art web/graphic/animation design culinary and music industry
- ▶ people sharing experiences and learning the mistakes that has happened
- ▶ what I like about it is how inspiring it is to learn from others mistakes. They teach you wrong from right. The motivational speaker I enjoy.
- ▶ that all the speakers where talking the truth about everything. Those are the same thing my parents have told me.
- ▶ I liked how the speakers were not afraid to change their life and make decisions. I also like how they were brave enough to share their stories
- ▶ Speakers - great
- ▶ I like how real it was. This is a good experience for me. I am going to apologize to a lot of people.
- ▶ A couple of true stories and the food, too
- ▶ How to be a men
- ▶ Yes, because I want to go to college
- ▶ When the people were talking up there and when the guy with the wheelchair was talking
- ▶ How the volunteers spoke
- ▶ Audio push
- ▶ That we got to explain our situations
- ▶ That we could be are self and make a differs in others life
- ▶ That they talked about life
- ▶ Jerking dance
- ▶ They taught me a lot and how to make the right choices and chose the right path and audio push
- ▶ The speaker talking to us
- ▶ The food, the people's stories, the creative careers program, and getting out of van horn institution for a wile
- ▶ The food, music
- ▶ The appearance of ODM, the dance performance and attending the AI workshop
- ▶ The speakers and their life story. Plus the district attorney
- ▶ The speakers that talked to us
- ▶ Everything
- ▶ That everyone was talking about the real thing
- ▶ The food
- ▶ People were real with it
- ▶ All the speakers
- ▶ I like this conference because they kept it real and showed how certain people grow up throughout the time doing certain things
- ▶ Inspirational speakers!
- ▶ The food and the speakers
- ▶ Everything
- ▶ Speeches
- ▶ The guest speakers
- ▶ That everyone of the mentors was helpful and generous
- ▶ The panel, Gerry Lopez and the keynote speaker from UC Riverside (excellent)
- ▶ All the people talking about what happen to them and the inmate letter
- ▶ The food
- ▶ About doing right and don't mess up in school
- ▶ I liked the workshops also some of the girls here are hot
- ▶ The food
- ▶ I really liked the people who took the time to come out here and speak to us

**Question 8. What is the most important thing you learned today at the conference?**

The following are participants' responses to this question. A common theme includes an understanding of how the choices they make affect their lives and a commitment to make better choices and they learned that they don't want to be a teen parent.

- ▶ To not join gangs
- ▶ I learned a lot about life and it's gonna help me change
- ▶ Open my mind always pick the right choice and that the choice is mine
- ▶ Everything
- ▶ The arts institute
- ▶ That drugs, alcohol, and other things are not the best choice in life. Some people grow out of it but for others it's a hard life
- ▶ To not break the law
- ▶ I learned that we just all have to get along no matter what race we are
- ▶ That it sucks to be in gangs
- ▶ Not to get girls pregnant
- ▶ Don't be a gang member
- ▶ That choices are real
- ▶ That I can be somebody in life
- ▶ Be true to yourself
- ▶ Don't give up on my dreams and never give in to peer pressure
- ▶ To never give up and that I control the outcome of my life
- ▶ Don't have kids
- ▶ Don't give up
- ▶ Don't do drugs, or join gangs
- ▶ Don't have kids
- ▶ To do everything to help yourself
- ▶ Choices today will effect your life tomorrow
- ▶ Everything
- ▶ About what bad decision can cause in your future
- ▶ That if you have been doing something bad than you should change
- ▶ To stay in school
- ▶ That make the right choices in life don't be a sucker
- ▶ Don't join gangs and follow your dreams
- ▶ The struggles that many youth have to go
- ▶ Education is everything
- ▶ Taking care of ones self
- ▶ That we can do what we want and never give up
- ▶ How to get into college and not make bad choose
- ▶ I didn't learn anything
- ▶ To never give up and don't join a gang
- ▶ Go forth in life and don't stop for (*illegible*)
- ▶ Go to college!
- ▶ To do good
- ▶ Don't do bad in school
- ▶ Making bad choices would hurt you later on in life
- ▶ Changing and making good decisions
- ▶ How people can change
- ▶ Follow your dreams
- ▶ Decisions you make now can change your life forever
- ▶ Frederick douglas' life story
- ▶ You can be anything you want to be

- ▶ Make the right choices
- ▶ Value of entertainment
- ▶ It always necessary to give back
- ▶ About the law
- ▶ Think first
- ▶ To make the right choices
- ▶ That we all have choices
- ▶ The most important thing were the guest speaker
- ▶ Friends and choices are what
- ▶ Making good choices
- ▶ That no matter what race you are there is always other choices
- ▶ You make your choice not anybody else
- ▶ That people don't need to do bad thing to enjoy life
- ▶ Got to know how to read
- ▶ The best way to beat the court system is not to break the law
- ▶ Treat yourself to a better life
- ▶ Finish school and make smart decisions
- ▶ That race don't matter
- ▶ The most important thing I learned was in the art institute they said you only need three years for a bachelor's degree
- ▶ Never give up!!
- ▶ Do things right and don't hang out with the wrong crowd
- ▶ That its up to you in the end to make choices and that only yourself can say no
- ▶ Finish school and go forward become somebody
- ▶ To believe in ones self and to realize that it's never too late to turn your life around
- ▶ Connecting with youth
- ▶ Be my own person
- ▶ I learned from all the speakers
- ▶ You can always change your way of life. Don't matter how bad it is going
- ▶ Have more guest speakers with different stories
- ▶ Long arms at the table
- ▶ To be positive
- ▶ To do positive thing to make your life goals come true
- ▶ No to be a gang and not to be in Jail for a long time in my live
- ▶ That you need to reach your goals
- ▶ About the money for collage
- ▶ When the guys were talking
- ▶ Being a dad is not that easy
- ▶ Making wise choices
- ▶ Not to give up on life
- ▶ To follow my own path and not others
- ▶ That to be your self
- ▶ Be careful who you hang out with and make positive choices
- ▶ Make right choices
- ▶ That high school is important
- ▶ That its important to change and interesting careers "jobs" I could get and enjoy
- ▶ How to graduate college
- ▶ I wanna be an interior designer
- ▶ That gang life is a joke.
- ▶ What you do
- ▶ Was about fatherhood how things went bad to good

- ▶ To make better decisions
- ▶ Don't be stupid
- ▶ Never be afraid to speak
- ▶ If you could believe on yourself you could accomplish a lot. You just need to believe and improve your thoughts
- ▶ People care
- ▶ Wisdom
- ▶ To do good choices
- ▶ Not to give up
- ▶ To make more good choices
- ▶ Life is too short to make bad decisions
- ▶ What decisions I'm going to make in the future
- ▶ Parenting, staying out of gangs
- ▶ To make good decisions
- ▶ Obey the laws
- ▶ About how messed up Riverside's justice system is
- ▶ What you do now effects your future
- ▶ That there are other ways to get through life

**Question 9. What can we do to make future conferences better?**

The following are participants' responses to this question. Comments were varied, but a significant number of participants mentioned that the facilitators bring contraception, that the food be improved, and that more workshops be offered.

The following are participants' responses to this question. Many attendees did not have any suggestions for improving the event. Their responses are not included below.

- ▶ Just keep up what your doing
- ▶ I can't complain. It was very extravagant
- ▶ Better music grove
- ▶ Have inmates demonstrate what happens when you get shot
- ▶ More food and students
- ▶ Talk about the vendors they come out for a reason
- ▶ More food and free stuff
- ▶ More time, activities
- ▶ Visual
- ▶ Better food
- ▶ More food!
- ▶ Some BBQ ribs
- ▶ Let people in the crowd speak
- ▶ Keep doing what there doing
- ▶ More speeches
- ▶ Keep the speakers coming
- ▶ Different workshops. More personal issues
- ▶ More of the same material
- ▶ Increase all that you currently do, market it more
- ▶ Make fun but other than that excellent
- ▶ More food and less talking
- ▶ To have a former mexican mafia
- ▶ Do what you have to do in life and don't let no one get you down
- ▶ Help each other
- ▶ Everything free and present for everybody

- ▶ Keep doing the same thing
- ▶ Better sound system for much performance
- ▶ Talk about protection and teen pregnancy
- ▶ Talk about safe sex and protection against sexual transmitted disease
- ▶ More interaction with mentors
- ▶ Keep it real about all the programs
- ▶ More people and more activities
- ▶ You can have less talking
- ▶ Have dinner
- ▶ People should be smart about what they do
- ▶ Keep doing what your doing
- ▶ More class
- ▶ More food varieties
- ▶ Drop 2nd whole group session and do second set of workshops
- ▶ Condoms
- ▶ Condoms!! And more free shorts
- ▶ Better sound for performance! Note: I'm a musician
- ▶ Have a better singer
- ▶ I thought it was good, just keep having different people conversate [sic]
- ▶ Everything is great. Just keep on doing what you guys are doing.
- ▶ Incorporate more youth as guest speakers
- ▶ Keep it at the same location
- ▶ Bring a family member
- ▶ Better PA system
- ▶ Nothing, besides the entertainment
- ▶ Have couple famous people come in and talk to stay out of trouble
- ▶ To be in school more and learned more than that the teacher
- ▶ Have presenters come in
- ▶ Be with good friends
- ▶ Less violence
- ▶ More activities
- ▶ Bring more people
- ▶ Give everyone something
- ▶ More star speakers
- ▶ Be your own person
- ▶ Choose the right path
- ▶ Stay in school
- ▶ Get buffalo wings for lunch
- ▶ More vendors more performances
- ▶ Keep doing what you doing
- ▶ More events
- ▶ More speakers
- ▶ Speakers from both sides of the fence
- ▶ Bring lil wayne
- ▶ More food
- ▶ Give us time to stretch
- ▶ More breakout workshops/more variety -- substance abuse/etc.
- ▶ Have more speakers
- ▶ Bring condoms
- ▶ Make sure planned parenthood brings some condoms

- ▶ It's cool the way it is
- ▶ By having more conferences like these