

Adolescent Health and Youth Development Evaluation Plan

Strategic Evaluation Plan for FY 2022-FY 2027



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Background

In the United States, teen pregnancy and sexually transmitted infections (STIs) have continued to be public health issues, even as rates decline nationwide. According to Martin, Hamilton, Osterman, Driscoll and Matthews, (2017), while the teen (girls 15-19 years) birth rate in Georgia declined 66% between 1991 and 2015, there were 9661 teen births in 2014. Of these, 73% of the births occurred among older teens (15-19 years) and 18% among teens who have had a child. In 2010 cost Georgia \$395 on teen childbearing. Considering all pregnancies, the teen pregnancy rate in Georgia recorded 52% decline between 1988 and 2011. While the declining rate was high, there were still 20,340 pregnancies among teens age 15 to 19 in Georgia. Unintended pregnancy overall continues to be a significant concern with 60% of all pregnancies in Georgia (all women) described as unplanned, an estimated \$918 million was spent in 2010 for unplanned pregnancies.

Offering risk reduction strategies through evidence-based curricula and positive development programs has been found to empower youth with the skills and knowledge they need to decline risk behaviors or practice safe sexual behaviors (Gavin, Catalano, David-Ferdon, Gloppen, & Markham, 2010). The Georgia Department of Public Health (DPH) Adolescent Health and Youth Development (AHYD) program focuses on empowering youth with the knowledge and skills to strengthen their relationships, increasing community buy-in and engagement to solve adolescent related issues. AHYD actively tries to create supportive networks that will help Georgia youth to adopt healthy lifestyles, reduce the incidence of teen pregnancy & HIV/STI contraction, and improve school performance and graduation rates. Collectively, these efforts should increase their chances of securing employment. It is expected that these efforts will ultimately help in increasing the rate of healthy, productive adolescents in Georgia.

To achieve these aims, AHYD program partners with the Georgia Department of Human Services to offer a comprehensive approach to address teen pregnancy which includes—

- Implementing risk reduction evidence-based curricula to reduce risk of pregnancy and HIV/STIs contraction;
- Instituting public awareness events about adolescent health-related issues;
- Providing training opportunities youth-serving professionals (including Adolescent and Young Adult Centered-Clinic), parents, community members or youth
- Providing youth development opportunities to cover adolescent health topics/skill set;
- Engaging/creating youth coalition; and,
- Addressing teenage pregnancy prevention through policy and system change.

Youth Development Coordinators (YDCs) at the local level coordinate efforts between district and county health departments and form pertinent partnerships to reach adolescents. The program strategies serve as the mediating influences through which youth behavior change is expected to occur. For example, youth with self-efficacy to make healthy decisions in an enabling environment, or who are in a supportive network group, have an increased chance to avoid behavioral risks that might endanger their future life goals.

Evaluation Purpose

Evaluation helps in making informed decisions about the effectiveness of programs funded and implemented. To understand the effectiveness of the AHYD program, Georgia plans to conduct evaluations of the various strategies undertaken by the program.

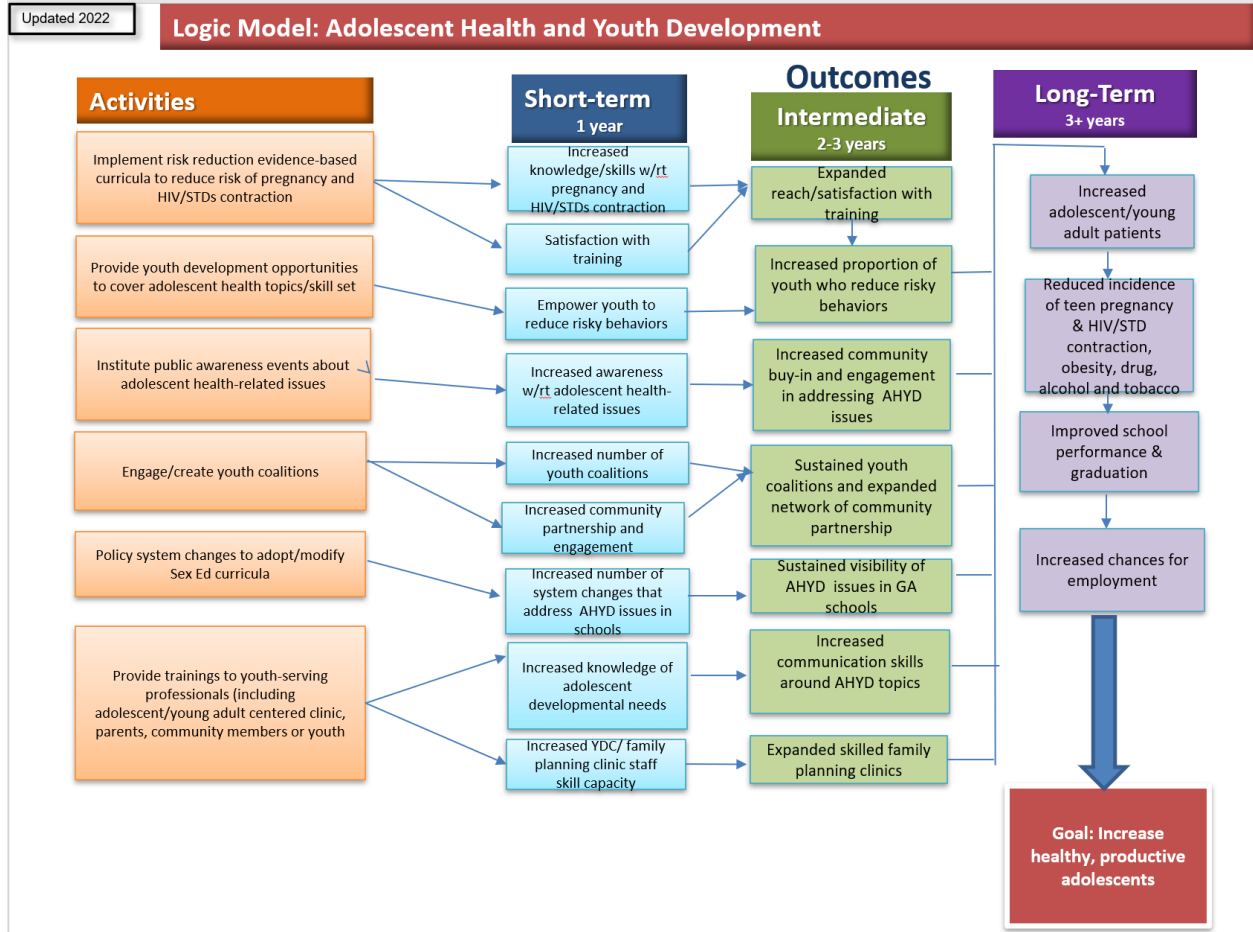
- A. This strategic evaluation plan relates the rationale, general content, scope and sequence of the evaluations planned during the lifespan of the AHYD revenue contract cycle. The various evaluations proposed will show the extent to which Georgia's proposed activities (strategies) work and areas where improvements are needed, to enhance the program. The evaluation planning team, working with the program staff will continually partner to implement the strategies and based on the evaluation findings and recommendations, to improve the program in order to achieve program goal.

Adolescent Health and Youth Development Program Description

The Adolescent Health and Youth Development program involves the planning and implementation of various strategies (activities) including: (1) Implementing risk reduction evidence-based curricula; (2) Instituting public awareness events about health-related issues; (3) Providing professional trainings to youth-serving professionals (including adolescent/young adult centered family planning clinics), parents, community members or youth; (4) Engaging/creating youth coalitions; (5) Providing youth development opportunities; and, (6) Addressing teenage pregnancy prevention through policy and system change. It is expected that the implementation of the various activities will result in short-term, intermediate, and long-term outcomes as illustrated in the logic model in *Figure 1*. The short-term outcomes include increasing knowledge and skills related to pregnancy and HIV/STIs contraction among youth through satisfactory training; empowering youth to adopt healthy lifestyles; increasing awareness with respect to adolescent health-related issues; increasing the number of active youth coalitions; increasing community partnership and engagement; increasing number of system changes addressing AHYD issues ; and increasing knowledge of adolescent developmental needs among youth-serving professionals, parents or community members.

These outcomes will lead to intermediate outcomes revolving mainly around expanding the reach of youth trained using evidence-based and life skills curricula; increasing proportion of youth who report adopting healthy lifestyles; increasing community acceptance/engagement in addressing AHYD-related issues; sustaining youth coalitions and expanding the networks of community partnership; sustaining visibility of AHYD issues in Georgia schools; and increasing communication skills around AHYD topics among youth-serving professionals, parents or community members. These will finally result in long-term outcomes which includes increasing adolescent/young adult visits to family planning clinics; reducing incidence of teen pregnancy and HIV/STI contraction, obesity, drug, alcohol, and tobacco use; improving school performance and graduation rate; and increasing chances for employment. It is expected that achieving these outcomes will help Georgia youth to be healthy, productive adolescents.

Figure 1. Adolescent Health and Youth Development Logic Model



Proposed Evaluations

Evaluation Candidates

Evaluation Question

The AHYD Evaluation Team was responsible for creating the evaluation questions, method of data collection, data analysis and performance standards. *Table 1* shows the summary of the evaluation design including the evaluation questions, the performance measures, data collection methods, data source and performance standards for each evaluation question.

Table 1: A Summary of Evaluation Design, Data Collection Plan and Performance Standards

Question	Performance Measure/Indicator	Potential Data Collection Methods/Evaluation Design	Possible (Location of Data)	Frequency of Collection	Standards (What constitutes “success”)
<i>Implement risk- reduction evidence-based curricula</i>					
<p>A. Was the risk reduction evidence-based curricula successfully implemented?</p> <p>How many and what types of risk-reduction evidence-based curricula were implemented?</p>	<p>Number of evidence-based sessions</p> <p>Number of flash sessions</p>	<p>Document review</p>	<p>Grantee Quarterly reports</p>	<p>Quarterly and summarized annually</p>	<p>Each participant will complete 75Percent of the modules to graduate.</p>
<p>To what extent did the partners reach the target population and what was the demographic characteristics of the participants?</p>	<p>Number of people reached</p> <p>Type of participants</p>	<p>Document review</p>	<p>Grantee quarterly reports</p> <p>Sign in sheets</p>	<p>Quarterly and summarized annually</p>	<p>They reach or exceed their target number, relatively</p>
<p>To what extent were the education programs implemented as intended?</p> <p>What facilitated and inhibited the implementation of the strategies?</p>	<p>Number of sessions implemented as planned</p> <p>Facilitating/challenging factors</p>	<p>Document review</p> <p>Observation protocol (convenient sample assessment) 1 session in each district</p> <p>Fidelity report from the facilitator (red folder)</p>	<p>Program manager notes</p> <p>Grantee quarterly reports</p>	<p>Program manager notes summarized annually</p> <p>Quarterly and summarized annually</p> <p>Fidelity report forms completed after each implementation</p>	<p>The program will be implemented as planned, referencing fidelity checklist</p>

How satisfied were the trainees with the conduct of the training? What were participants' concerns and recommendations for a better training conduct?	Satisfaction rate	Survey instrument	Program participants	Every training and summarized annually	Participants should demonstrate satisfaction with training
To what extent were participants' knowledge and skills related to pregnancy and HIV/STIs contraction improve after the training? Outcome	Percent increase in knowledge pre and post assessment	Survey instrument	Program participants (sample)	Every training and analyzed annually	Positive increase (statistical significance if sample size is sufficient)
To what extent did participation in education programs reduce risky behaviors Outcome What were the facilitators and challenges in implementing the program?	Percent participants with demonstrated reduction of risky behaviors Facilitating/challenging factors	Survey instrument (follow up) Document review	Program participants (sample) Grantee quarterly reports	3-6 months post program participation Quarterly and summarized annually	Positive increase
<i>Provide Public Awareness</i>					
B. How successful was public awareness event around youth health-related issues provided? How many public awareness events were conducted and in what locations?	Number and location of events	Document review	Grantee quarterly reports	Quarterly and summarized annually	Each district will implement a minimum of 3 events per year

<p>How many and what type of people participated?</p> <p>To what extent did the number of participants increase, overtime?</p> <p>What facilitated the implementation of the awareness programs? What were the challenges and how were they addressed?</p>	<p>Number and type of participants</p> <p>Facilitating/challenging factors</p>	<p>Document review</p>	<p>Sign in sheets</p> <p>Grantee quarterly reports</p>	<p>Quarterly and summarized annually</p>	<p>Districts should have 75Percent of the projected number of participants in attendance</p>
<p>To what extent was community <u>buy-in</u> increased? Outcome</p>	<p>Satisfaction rate</p> <p>Change in level of community engagement/acceptance of issues of AHYD?</p>	<p>Post event survey</p> <p>Document review</p>	<p>Participants</p> <p>Grantee quarterly reports</p>	<p>At the end of each awareness program and summarized annually</p> <p>Reported by YDCs during quarterly report and analyzed annually</p>	<p>Participants satisfied and willing to attend future AHYD events.</p> <p>Increase in partners engaged in addressing AHYD issues</p>
<p><i>Provide Professional Training to youth-serving professionals, parents, community members or youth</i></p>					
<p>C. How effective was the AHYD professional training?</p> <p>How many professional trainings were conducted and who and what type of participants were engaged?</p>	<p>Number of trainings implemented</p> <p>Number and type of participants</p>	<p>Document review</p>	<p>Sign in sheets</p>	<p>During each training and summarized annually</p>	<p>3 youth-serving professionals trainings provided by each YDC every year</p>
<p>To what extent were the trainees satisfied with the conduct of the training?</p> <p>What facilitated the implementation of the awareness programs?</p>	<p>Satisfaction rate</p> <p>Facilitating/challenging factors</p>	<p>Satisfaction survey instrument</p> <p>Document review</p>	<p>Participants</p> <p>Grantee quarterly reports</p>	<p>Every training and summarized annually</p>	<p>Participants should demonstrate satisfaction with training</p>

What were the challenges and how were they addressed?					
How much knowledge was gained in relation to adolescent needs? Outcome	Percent increase in knowledge about adolescent needs among participants pre and post training	Survey instrument	Participants	Every training and summarized annually	Positive increase (statistical significance if sample size is sufficient)
To what extent did the training inform participants' willingness and confidence in discussing youth development lifestyles? Outcome	Demonstrated willingness and confidence to discuss (communication) AHYD issues	Survey instrument	Participants	Every training and summarized annually	Demonstrated willingness and confidence to discuss AHYD issues
<i>Provide Youth development opportunities to adolescents</i>					
D. How effective was the youth development opportunities in helping youth reduce risky behaviors					
How many youth development opportunities were provided?	Number of opportunities offered	Document review	Grantee quarterly reports	Grantee quarterly reports	3 youth development opportunities provided by each district every year
How many and what type of youth were reached?	Number and type of youth reached	Document review	Sign in sheets	During each opportunity (event) and summarized annually	Adolescent/youth reached each year
What were the facilitators and challenges encountered in implementation of youth development opportunities and how were they addressed?	Facilitating/challenging factors		Grantee quarterly reports	Grantee quarterly reports	

To what extent were participants <u>empowered</u> to reduce risky behaviors after exposure to the events? Outcome	Percent increase in knowledge about strategies and location of resources needed to reduce risky behaviors Number of youths who report reducing risky behaviors	Pre post and a 3-month follow up with participants	Youth participants	During each event and at 3- month follow-up	Positive increase in knowledge of strategies and location of resources needed to reduce risky behaviors Youth participants report reducing risky behaviors at follow-up
To what extent did the proportion of youth who reduced risky behaviors, increase with time? Outcome	Percent youth participants with demonstrated reduction in risky behaviors	Survey instrument (follow-up)	Youth participants	3-month post program participation	Positive increase in proportion of youth who report reducing risky behaviors
<i>Engage/create youth coalitions</i>					
E. To what extent were youth engaged in AHYD? How many new coalitions were created? What type of participants engaged in the coalitions?	Number of existing coalitions Number of new coalitions Type of participants	Document review	Grantee quarterly reports	Quarterly and summarized annually	Positive increase in number of coalitions and partnerships established or members maintained on an adolescent health and/or youth development-focused coalition
<i>Address teenage pregnancy through policy and system change</i>					
F. To what extent were risk-reduction policies adopted in schools? How many policies/systems were adopted and in what locations? How many were modified and in what locations?	Location and number of policies/systems adopted Location and number of policies/systems modified	Document review	Grantee quarterly reports	Quarterly and summarized annually	Positive increase in number of schools with AHYD issues upheld

What facilitated the process? What were the challenges and how were they overcome?	Facilitating and challenging factors				
To what extent were AHYD goals and objectives asserted in GA schools? Outcome	Number of schools addressing AHYD goals and objectives				
Provide adolescent/young adult centered training (4th Quarter)					
How many trainings were conducted?	Number of trainings conducted	Document review	Grantee quarterly reports Sign in sheets	Quarterly and summarized annually	1 adolescent/young adult centered training conducted by DPH for AHYD districts in a year
How many family planning clinics were trained and how satisfied were the participants?	Number and location of family planning clinics that participated in training Satisfaction rate	Document review Satisfaction survey instrument (individual)	Grantee quarterly reports Participants (YDC/MCH)	Quarterly and summarized annually Every training and summarized annually	Family planning clinic staff participate in training Participants should demonstrate satisfaction with training
To what extent was the YDC/family planning clinic skill capacity increased? Outcome	Percent increase in skill capacity pre and <u>3-month post training</u>	User-friendly practices check-list	YDC/family clinic/MCH participants	Every training and <u>3 months after training</u> and summarized annually	Positive increase in teen-friendly reproductive services
To what extent was family planning clinics participation in the training increase, with time? Outcome	Number of family planning clinics that participate in the training yearly	Document review	Grantee quarterly reports	Quarterly and summarized annually	Positive increase
To what extent was adolescent/young adult patients increased in family planning clinics, overtime? Outcome	Percent increase in adolescent/young adult patients using family planning clinics	Document review	Family planning clinic records reported in Grantee quarterly reports	Quarterly and summarized annually	Positive increase

References

- Gavin, L. E., Catalano, R. F., David-Ferdon, C., Gloppen, K. M., & Markham, C. M. (2010). A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health, 46*(3), S75-S91. doi:<http://dx.doi.org/10.1016/j.jadohealth.2009.11.215>
- Martin, J. A., Hamilton, B. E., Osterman, M., Driscoll, A. K., & Mathews, T. (2017). Births: Final Data for 2015. *National vital statistics reports: from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 66*(1), 1.
- Milstein, B., & Wetterhall, S. (2000). A framework featuring steps and standards for program evaluation. *Health Promotion Practice, 1*(3), 221-228