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Adolescent Health and Youth DevelopmentProgram

2023-2024 Evaluation and Performance Measurement Plan

Adolescent Health and Youth Development (AHYD)
Chronic Disease Prevention Section
Medical and Clinical Service Division
Georgia Department of Public Health

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Adolescent Health and Youth Development Evaluation Plan

Strategic Evaluation Plan for FY 2024

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Background

Overall, publicly available data from the Georgia Department of Public Health (DPH) via their Online Analytical Statistical Information System (OASIS), shows that pregnancy rates among females aged 10 to 19 years in Georgia have declined in the last 20 years. From 2004-2022, Georgia experienced a 58.2% reduction in the total number of pregnancies among the targeted age group and a related reduction in the rate of teen pregnancies per 100,000. Unlike the general decrease in pregnancies and pregnancy rate, the number and rate of STDs among 10- to 19-year-olds in Georgia has generally increased. According to DPH data, the number of STDs among youth in Georgia was 28% percent higher in 2022 than in 2004 (25,823 vs. 18,583) indicating a continued need for programs to help youth avoid risky behaviors.

Within the Georgia DPH, HIV/AIDS data are made available in annual surveillance reports from the Epidemiology Section. At the time of this plan, annual surveillance data were available for 2018 through 2021. These reports indicate the number of new HIV diagnoses among 13- to 19-year-olds in Georgia has decreased steadily between 2018 and 2020. Most recently, the 2021 report shows a slight increase in the number of new diagnoses with 110 cases reported. Despite the overall declines in the rates of teen pregnancy and HIV diagnoses, disparities continue to exist. For example, OASIS data for 2022 shows the pregnancy rate among White adolescents aged 10 to 19 years old was 9.8 per 100,000, while among Black adolescents of the same age, the rate was 16.7 per 100,000. Additionally, according to OASIS data, in 2022 the STD rate among White adolescents aged 10-19 years old was 584.8 per 100,000 while the rate among Black adolescents aged 10-19 was 3,482.6 per 100,000.

Regarding alcohol, tobacco, and other drug (ATOD) use, according to Georgia Student Health Survey (GSHS) data collected in 2022, 7% of middle school and high school students reported drinking alcohol in the past 30 days. When asked how old they were when they had their first drink of alcohol, the average age of first use among middle and high school students in Georgia was 12.11 (GSHS, 2022). Additionally, 2% of middle and high school students reported smoking cigarettes, 6% reported using marijuana, and 4% reported taking prescription painkillers that were not prescribed to them during the last 30 days.

Offering risk reduction strategies through evidence-based curricula and positive youth development programs has been found to empower youth with the skills and knowledge they need to reduce risky behaviors and practice safe sexual behaviors (Gavin, Catalano, David-Ferdon, Gloppen, & Markham, 2010). The Georgia DPH Adolescent Health and Youth Development (AHYD) program focuses on empowering youth with the knowledge and skills to strengthen their relationships and increasing community participation 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, it is expected that these efforts will ultimately help to improve the overall health and well-being of adolescents in Georgia.

To achieve its goals, the Georgia DPH Adolescent Health and Youth Development program continues to partner with the Georgia Department of Human Services to offer a Positive Youth Development (PYD) approach to address adolescent health-related issues, including:

- Implementing risk reduction evidence-based curricula to reduce the risk of pregnancy and HIV/STIs contraction.
- Providing youth development opportunities to advance adolescent health topics/skill sets.

- Instituting public awareness events/campaigns about adolescent health-related issues.
- Providing training opportunities for youth-serving professionals (including adolescent and young adult centered clinics), parents, community members, or youth
- Developing strategies to achieve policy and system-level change to address adolescent health-related issues through highlighting the current policy or recommending a system change for a policy.

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 who 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

The purpose of the evaluation is to assess the effectiveness of the AHYD strategies toward meeting program goals. The evaluation provides a framework for measuring key indicators to assess program implementation and progress toward goals. In addition, the evaluation serves to identify program strengths and opportunities for improvement in implementation. Evaluation findings are communicated to multiple stakeholders and fulfill many purposes. An important use of evaluation findings is that they function as the basis of continuous improvement efforts by providing a feedback loop in which the findings are shared with internal staff so they can make adjustments to increase effectiveness. Additionally, the evaluation findings can be utilized to communicate the value and impact of the program to funding agencies and partners.

Engagement of Stakeholders

To increase credibility and the chances that the evaluation findings will be used for program improvement and accountability, Georgia engaged select stakeholders during evaluation planning to develop a strategic evaluation plan, using the Centers for Disease Prevention and Control (CDC) evaluation framework (Milstein, 2000). The various partners, their affiliations, and their role in the strategic evaluation planning and future roles are represented in *Table 1*.

Table 1: AHYD Evaluation Planning Team-Contributions, Roles, and Future Responsibilities

Partner Name	Title and Affiliation	Contribution to Evaluation Planning	Role in Future Evaluations
Emma Bicego, MA, MPH	Sr. Deputy Director, Office of Health Sciences and Evaluation Chronic Disease and Prevention Section Georgia Department of Public Health	Oversees development of program description; evaluation questions; development of evaluation design and plan for utilization of evaluation results	Continually oversee AHYD evaluation team activities; interpretation of evaluation findings, dissemination, and utilization of findings
Evelina Sterling, PhD, MPH, MCHES & Kennesaw State University Team (Ashley Feierstein; Akilah Hairston; Anita Faust Berryman)	External Evaluators	Development of program description; evaluation questions; development of evaluation design and plan for utilization of evaluation results	Continually serve on AHYD evaluation team; interpretation of evaluation findings, dissemination (upon DPH approval) and utilization of findings
Phillip Oliver	Program Manager, Adolescent Health and Youth Development program	Review of plan	Manage program implementation, data collection and ensures use of evaluation findings
Sarah Wilkinson, MPH, MCHES	Deputy Director, Office of Child and Adolescent Risk Reduction Strategies (OCARRS)	Review of plan	Oversee OCARRS, including the Adolescent Health and Youth Development program
PHDs	YDCs at the focus PHD (12)	Implementation of strategies, data collection,	Evaluation plan, dissemination, and use of evaluation results.
Kia Toodle	Director, Chronic Disease and Prevention Section (CDPS) Georgia Department of Public Health	Principal Investigator, Oversees all CDPS program activities	Principal Investigator, Oversees all CDPS program activities

Adolescent Health and Youth Development Program Description

The AHYD program coordinates the planning and implementation of various strategies including: (1) Implementing risk reduction evidence-based curricula to reduce risk of pregnancy and HIV/STIs contraction; (2) Providing youth development opportunities to advance adolescent health topics/skill sets; (3) Instituting public awareness events/campaigns about adolescent health-related issues; (4) Providing training opportunities for youth-serving professionals (including adolescent/young adult centered clinics), parents, community members or youth; and (5) Developing strategies to achieve policy and system-level change to address adolescent health-related issues through highlighting the current policy or recommending a system change for a policy. It is expected that the implementation of the various

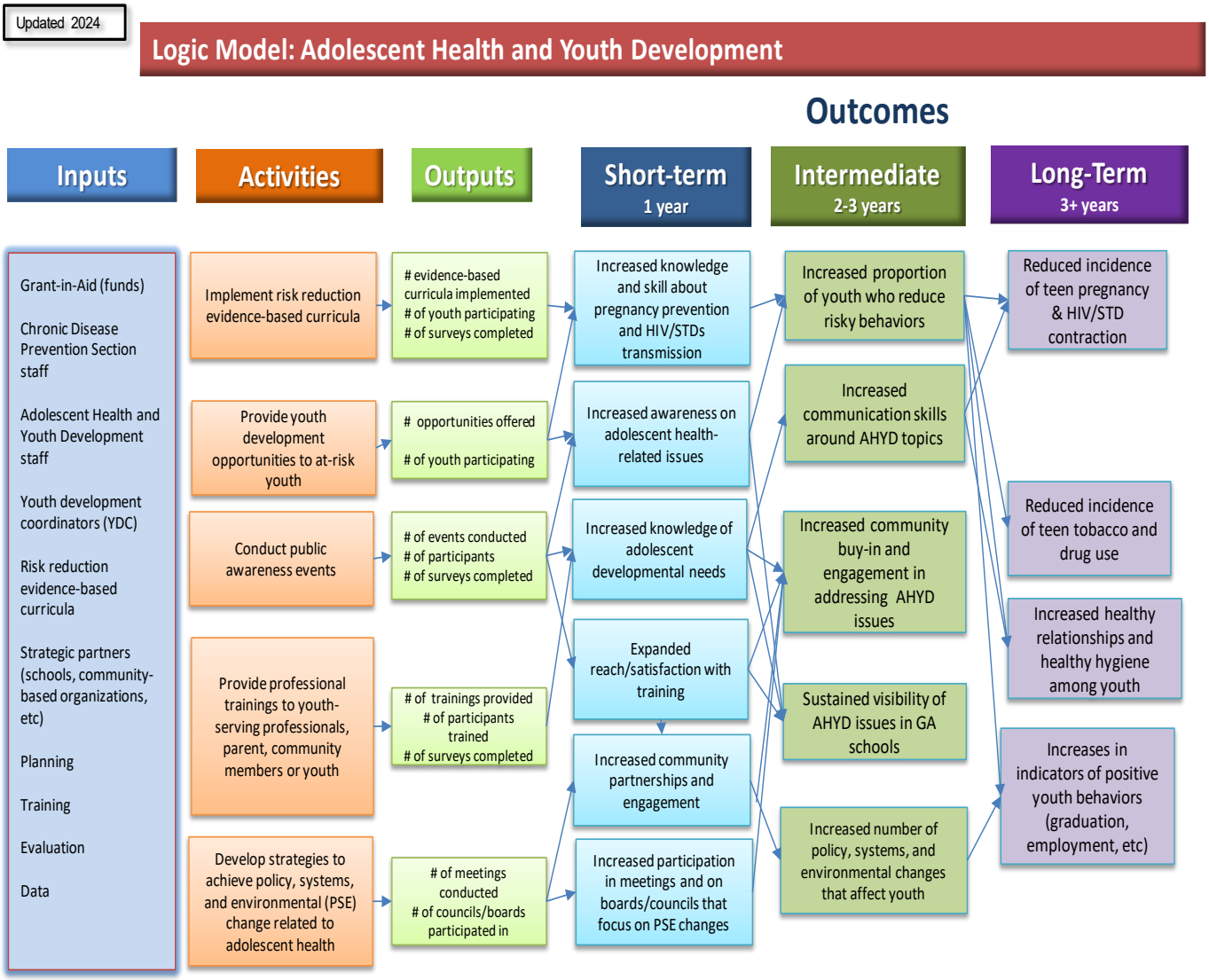
strategies will result in short-term, intermediate, and long-term outcomes as illustrated in the logic model in *Figure 1*.

The short-term outcomes include increasing knowledge and skills related to pregnancy and HIV/STIs contraction among youth through delivery of evidence-based curricula and youth development opportunities; increasing awareness with respect to adolescent health-related issues through public awareness events and youth development opportunities; increasing communication skills around AHYD topics among youth attending the public awareness events about adolescent health-related issues; establishing common talking points around AHYD topics; increasing the number of system changes that address AHYD issues; increasing knowledge of adolescent developmental needs among youth-serving professionals, parents or community members through trainings facilitated by YDCs; and increasing the skill capacity of the family planning clinic staff.

These short-term outcomes will lead to intermediate outcomes revolving around expanding the reach of youth trained using evidence-based and life skills curricula; empowering youth to adopt healthy lifestyles by educating them about risky behaviors; increasing the proportion of youth who report adopting healthy lifestyles/reducing risky behaviors; increasing community partnerships and engagement in addressing AHYD-related issues; increasing the visibility of AHYD issues in schools and the community at large; and expanding the network of skilled family planning clinics.

These will finally result in long-term outcomes which include reducing incidences of teen pregnancy and HIV/STI contraction, and drug, alcohol, and tobacco use; sustaining the visibility of AHYD issues in Georgia schools; improving school performance and graduation rates; and thereby 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



Evaluation Strategies

An activity profile was created for all the AHYD strategies and used to develop the targets to be evaluated for each strategy, as shown in *Figure 2*.

Figure 2. Summary of Targets for each AHYD Program Strategy

Evaluation Strategies
IMPLEMENT EVIDENCE-BASED CURRICULA
• ***Complete an evidence-based curricula training with a minimum of 840 targeted youth annually, completing 75% of the programming***
PROVIDE YOUTH DEVELOPMENT OPPORTUNITIES
• ***Provide a minimum of 60 youth development opportunities annually to targeted youth***
PROVIDE PUBLIC AWARENESS
• ***Plan and implement 120 public awareness events annually around adolescent health-related issues/topics***
PROVIDE PROFESSIONAL TRAINING
• ***Plan and provide training opportunities to 600 youth-serving professionals (including adolescent/young adult centered family planning clinics), parents, community members or youth***
DEVELOP STRATEGIES TO ACHIEVE POLICY AND SYSTEMS CHANGE
• ***Address adolescent health-related issues through partnerships leading to policy and systems change.***

In an iterative process, the AHYD Evaluation Team developed the evaluation questions, including the evaluation design, scope of data collection, and the performance standards. The AHYD Evaluation Team reviewed and updated all aspects of the evaluation plan and data collection tools.

Evaluation Questions

The AHYD Evaluation Team was responsible for creating the evaluation questions, method of data collection and data analysis and performance standards. *Tables 2 -6* display 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 2: Strategy 1: A Summary of Evaluation Design, Data Collection Plan and Performance Standards

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
Implement risk-reduction evidence-based curricula					
A. Were the risk-reduction evidence-based curricula successfully implemented?					
How many and what types of risk-reduction evidence-based curricula were implemented?	# and type of evidence-based sessions	Document review	Grantee quarterly reports	Quarterly and summarized annually	Target number o evidence-based sessions offered
To what extent did the partners reach the target population and what were the demographic characteristics of the participants?	# of youth reached, # of implementation sites/district Demographics of participants	Document review	Grantee quarterly reports Sign in sheets	Quarterly and summarized annually Collected after each session and summarized annually	Target numbers reached or exceeded (840 youth annually) of which 75 % are AA, focus age range,
To what extent were the risk reduction curricula implemented as intended? What facilitated and inhibited the implementation of the strategies and how were challenges addressed?	# of sessions implemented as planned Facilitating/challenging factors reported by facilitators	Observation protocol (convenience sample assessment) 1 session in each district, Fidelity report from the facilitator YDC closeout interviews	Observation guide, fidelity checklist YDCs	Program manager notes summarized annually, Fidelity report forms completed afte each implementatior Closeout interviews conducted and summarized annually	Increased implementatio n fidelity.
How satisfied were the youth participants with the implementation of the evidence-based curricula? What were participants' concerns and recommendation	Satisfaction rate of youth participants	Youth risk-reduction post and follow-up survey instruments	Program participants (sample)	Every training and summarized annually	Participants report satisfaction with implementatio n of evidence-based curricula.

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
s for a better training conduct?					
To what extent did participants' knowledge and skills related to pregnancy and HIV/STIs contraction improve after the training? To what extent did participation in education programs reduce risky behaviors?	% increase in knowledge pre and post assessment % participants with reported reduction of risky behaviors post participation	Youth risk-reduction pre, post, and follow-up survey instruments Survey instrument (post and follow-up)	Program participants (sample)	Every training and analyzed annually 3-6 months pos program participation	Increase in knowledge related to pregnancy and HIV/STIs prevention (statistical significance if sample size is sufficient). A decrease (or maintenance of non-engagement) in the percentage of participants who report risky behaviors.

Table 3: Strategy 2: A Summary of Evaluation Design, Data Collection Plan and Performance Standards

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
Provide youth development opportunities to adolescents					
B. Were the youth development opportunities successfully implemented?					
How many and what type of youth development opportunities were provided?	# and type of opportunities # FLASH sessions[1]	Document review	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually	Target numbers reached or exceeded (60 youth development opportunities provided annually).
To what extent did the partners reach the target population and what were the demographic characteristics of the participants?	# of youth reached, # of implementation sites/district Demographics of youth	Document review	Grantee quarterly reports Sign in sheets	Quarterly and summarized annually Collected after each session and summarized annually	840 adolescent youth reached annually.
What were the facilitators and challenges encountered in implementation of youth development opportunities and how were they addressed?	Facilitating/challenging factors reported by facilitators	Document review, YDC closeout interviews	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually, Closeout interviews conducted and summarized annually	Increased implementation fidelity.
How satisfied were the youth participants with the youth development opportunities?	Satisfaction rate of youth participants	Youth risk-reduction post and follow-up survey instruments	Program participants (sample)	Every training and summarized annually	Participants report satisfaction with implementation of the youth development opportunities.

[1] Youth Development Coordinators implement Family Life and Sexual Health (FLASH) curriculum to youth throughout Georgia. FLASH is a widely used sexual health education curriculum designed to prevent teen pregnancy, STDs, and sexual violence and improve knowledge about the reproductive system and puberty. FLASH is a promising practice used by AHYD and not an evidence-based strategy; therefore, it is reported as a youth development opportunity.

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
To what extent did participants' knowledge about reducing risky behaviors increase after exposure to the events/opportunities ? To what extent did participation in education programs reduce risky behaviors?	% increase in knowledge about strategies and location of resources needed to reduce risky behaviors % participants with reported reduction of risky behaviors	Youth risk-reduction pre, post and follow-up survey instruments Youth risk-reduction post and follow-up survey instruments	Program participants (sample)	Every training and summarized annually 3-6 months post program participation	Increase in knowledge of strategies/skills and location of resources needed to avoid risky behaviors. A decrease (or maintenance of non-engagement) in the percentage of participants who report risky behaviors.

Table 4: Strategy 3: A Summary of Evaluation Design, Data Collection Plan and Performance Standards

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
Provide public awareness					
C. How successful were public awareness events covering youth health-related issues?					
How many public awareness events were conducted and in what locations?	# and location of events	Document review	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually	Target numbers reached or exceeded (120 events annually).
How many and what type of people participated? To what extent did the number of participants increase over time?	# and type of participants	Document review	Sign in sheets, Grantee quarterly reports/ data entered into Catalyst by YDCs	Collected after each session and summarized annually, Quarterly and summarized annually	Districts should have 75% of the projected number of participants in attendance.
What facilitated the implementation of the public awareness programs? What were the challenges and how were they addressed?	Facilitating/challenging factors	Document review YDC closeout interviews	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually, Closeout interviews conducted and summarized annually	Increased implementation fidelity.
How satisfied were the youth participants with the implementation of public awareness events?	Satisfaction rate of youth participants	Post-event survey	Public awareness event participants (sample)	Every event and summarized annually	Participants report satisfaction with implementation of public awareness events.
To what extent did youth participants' knowledge and awareness related to AHYD issues improve after the events? To what extent did youth participants' communication skills related to	% youth reporting increased awareness and knowledge post event % youth reporting increased communication skills related to AHYD topics post event	Post event survey	Public awareness event participants (sample)	Every event and summarized annually	Participants report increased awareness and knowledge of topics covered at the public awareness events. Participants report increased

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
AHYD issues improve after the events?					communication skills about topics covered at the public awareness events.
To what extent were community partnerships and engagement increased?	# of collaborators involved Change in level of community engagement/acceptance of issues of AHYD	Document review	Grantee quarterly reports/ data entered into Catalyst by YDCs	Reported by YDCs during quarterly report and analyzed annually	Increase in partners engaged in addressing AHYD issues.

Table 5: Strategy 4: A Summary of Evaluation Design, Data Collection Plan and Performance Standards

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
Provide professional training to youth-serving professionals, parents, community members or youth					
D. How effective were the AHYD professional trainings?					
How many professional trainings were conducted and what type of participants were engaged? How many trainings are conducted by YDCS?	#of new YDCs trained # and type of trainings conducted # and type of participants	Document review	Grantee quarterly reports/ data entered into Catalyst by YDCs Sign in sheets	Quarterly and summarized annually Collected each training and summarized annually	New YDCs are trained within 2 months of hire Target numbers reached or exceeded (600 participants trained annually).
To what extent were the trainees satisfied with the conduct of the training?	Satisfaction rate	YSP post- survey instrument	YSP participants	Every training and summarized annually	Participants report satisfaction with training.
What facilitated the implementation of the Youth Serving Professional Training? What were the challenges and how were they addressed?	Facilitating/challenging factors reported by participants and YDCs	Document review YDC closeout interviews	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually, Closeout interviews conducted and summarized annually	Increased implementation fidelity.
How much knowledge was gained in relation to adolescent needs? To what extent did the training inform participants' willingness and confidence in discussing youth development lifestyles?	% increase in knowledge about adolescent needs among participants pre and post training Reported willingness and confidence to discuss (communication) AHYD issues	YSP pre-post survey instruments	YSP participants	Every training and summarized annually	Increase in knowledge of adolescent needs (statistical significance if sample size is sufficient). Increased willingness and confidence in discussing AHYD issues

Table 6: Strategy 5: A Summary of Evaluation Design, Data Collection Plan and Performance Standards

Question	Performance Measure/Indicator	Data Collection Methods/Evaluation Design	Location/Source of Data	Frequency of Collection	Standards (What constitutes "success")
Address adolescent health related issues through policy and system change					
E. To what extent were policy, systems, and environmental changes implemented?					
Number of changes made in different environments.	Location and # of policies/systems/environments adopted Location and # of policies/systems/environments modified	Document review	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually	Increase in number of schools/community sites addressing AHYD goals and objectives.
What facilitated the process? What were the challenges and how were they overcome?	Facilitating and challenging factors	Document review YDC closeout interviews	Grantee quarterly reports/data entered into Catalyst by YDCs	Quarterly and summarized annually, Closeout interviews conducted and summarized annually	Increased number of system changes that address AHYD issues.

Evaluation Design and Context

Both quantitative and qualitative approaches will be used in examining the implementation and outcome of the planned strategies. As shown in *Tables 2-6* these will include, (1) Reviewing program documents; (2) reviewing quarterly reports and data entered into Catalyst; (3) Conducting fidelity checks (observation) with grantees; (4) Conducting pre/post surveys with follow-up with youth participating in risk-reduction curricula training; (5) Conducting post awareness event surveys with participants; (6) Conducting pre-post surveys with youth-serving professionals, including Adolescent/young adult centered clinics; (7) Conducting pre/post surveys with follow-up with youth participating in youth development opportunity events; and (8) Conducting close-out interviews with YDCs.

Collection of Data

Data will be collected from different sources using various tools. *Table 7* depicts the data sources and the associated tools to be used for data collection.

Table 7: Data Sources and Associated Data Collection Tools

Data Source	Data Collection Tool
1.Program manager	Program documents
2. Youth participating in risk-reduction curricula training	Risk-reduction pre/post survey with follow-up (Appendix 1)
3.Program staff observing district staff implementing risk-reduction curricula	Observation Guide, Administrative Site Monitoring Report, & Fidelity Monitoring Tool (Appendices 4, 5 & 6)
4. Public Awareness event participants	Post event surveys (Appendix 2)
5. Youth-serving professionals	YSP Pre/post survey (Appendix 3)
6. Youth participating in youth development opportunities	Risk-reduction pre/post survey with follow-up (Appendix 1)
7. Youth Development Coordinators	Catalyst data entry system, qualitative interviews

Analysis of Data

Analysis of the quantitative data will generally involve descriptive statistics while the qualitative data will be analyzed using content analysis. The evaluator will initially analyze the data and share it with the team.

Multiple types of survey data are collected and will be analyzed using quantitative approaches, including means, standard deviations, and tests for statistical significance. As an example, for survey items that measure knowledge gains from pre- to post-test, it may be appropriate to provide the average number of correct responses on the pre-test and post-test. In comparison, survey items asking the participant's level of satisfaction/dissatisfaction or agreement/disagreement, may be reported as percentages indicating each level (such as, percent satisfied).

Qualitative data, such as responses to open-ended survey items, interview questions, and focus group discussions will be included in the evaluation and may be categorized thematically. For example, if an open-ended survey item asks participants to provide suggestions for future topics, similar responses like, "online bullying," or "web-based harassment" may be reported thematically as "cyber bullying." Similarly, interview or focus group responses indicating "budget constraints," or "not enough team members to do the work" may be reported as "resources.'

Evaluation of Strategies and Activities.

As noted under the Evaluation Purpose, indicators, and evaluation methods (see Tables 2-6) are designed to address performance measures in each of the project goals, and to foster continuous improvement based on outcomes tracking and feedback. Strategy 1 addresses the *implementation of risk-reduction evidence-based curricula*; the aim of Strategy 2 is to provide *youth development opportunities to adolescents;* Strategy 3 focuses on *public awareness events that address adolescent health-related issues;* Strategy 4 addresses *training opportunities for youth-serving professionals, parents, community members, or youth*; and Strategy 5 *addresses adolescent health-related issues through policy and systems change.*

- Strategy 1: Implement evidence-based curricula for teen pregnancy and STD/HIV prevention.

  Strategy one will be measured via document review of the quarterly reports provided by the grantees, observation protocol forms completed for each district, fidelity reports provided by facilitators, program manager notes, and analysis of the data collected via the risk reduction pre, post, and 3 month follow up surveys administered to adolescents who participate in the evidence-based programs.
- Strategy 2: Provide youth development opportunities for adolescent health topics and skills sets.

  Strategy two will be measured via document review of the quarterly reports provided by the grantees, and analysis of the data collected via the youth development opportunity pre, post, and follow up survey instruments.
- Strategy 3: Institute public awareness events that address adolescent health-related issues.

  Strategy three will be measured through document review of the quarterly reports provided by the grantees, sign-in sheets collected at the events, and analysis of the post-event surveys administered to adolescents and collected at a sample of events.
- Strategy 4: Provide training opportunities for youth-serving professionals, parents, community members, or youth.

  Strategy four will be measured through document review of the quarterly reports provided by the grantees, sign-in sheets collected at the trainings, and analysis of the pre/post surveys administered to youth-serving professionals collected before and after the trainings.
- Strategy 5: Address adolescent health-related issues through policy and system change.

  Strategy five will be measured via document review of the quarterly reports provided by the grantees.

Communication Plan/Program Improvement through Evaluation Findings

To inform program improvement, evaluation findings must be shared accordingly. High-level information about the progress on developing, modifying, and implementing the strategic evaluation plan as well as a summary of the findings across the evaluation components will be disseminated to key audiences using various formats. Such formats include conference meetings, webinar presentations, formal and informal evaluation reports. Regarding program improvement, the AHYD Evaluation team will review and interpret the results. The evaluator will make recommendations for improving the program based upon the findings. Both the findings and the recommendations will be shared with the program staff and the evaluator will facilitate discussions to develop action plans to implement the recommendations.

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