

Adolescent Health and Youth Development Evaluation Plan

Strategic Evaluation Plan for FY 2018-FY 2021



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Background/Program Description

Need

A comprehensive Adolescent Health program such as the Georgia Adolescent Health and Youth Development program is needed to help combat the rise of Teen pregnancy and childbearing among Georgia youth. According to Power to Decide (2019), similar to states across the United States, although teen pregnancy rate among teens age 15 to 19 in Georgia reduced from 16,120 in 2013 to 10,457 in 2017, as much as 60% of all pregnancies in Georgia are described by women themselves as unplanned and about 15% of all teen births in 2016 were reported among teens who already had a child. Youth at-risk are not being reached for timely prevention. Consequently, public spending for unplanned pregnancies continue to be a burden. For example, in 2010, Georgia spent an estimated \$918 million for unplanned pregnancy and \$395 on teen childbearing. Teen pregnancy typically affects school performance and graduation and reduces the number of youth securing employment. The need for a comprehensive approach to address teen pregnancy and HIV/STI contraction is great, to help overcome teen pregnancy and contraction of HIV/STI infection.

Expected effects

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 and increasing community buy-in and engagement to solve adolescent related issues. Such a program is needed to help Georgia youth to adopt healthy lifestyles, reduce the incidence of teen pregnancy & HIV/STI contraction, and to improve school performance and graduation rates. Ultimately, these efforts should increase the chances of Georgia youth securing employment. It is expected that these efforts will ultimately help in increasing the rate of healthy, productive adolescents in Georgia.

Activities

To achieve the proposed 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 focusing on adolescent health-related issues;
- Providing training opportunities for youth-serving professionals (including Adolescent and Young Adult Centered-Clinic), parents, community members or youth
- Providing youth development opportunities that focus on adolescent health topics/skill set;
- Engaging/creating youth coalition; and,
- Addressing teenage pregnancy prevention through policy and system change.

Resources

Youth Development Coordinators, AHYD staff, TANF funding, Georgia Department of Health services, community-based organizations and family planning clinics are key inputs of AHYD program. Youth Development Coordinators (YDCs) at the local level coordinate efforts between district and county health departments and form pertinent partnerships to reach adolescents.

Context

Although Georgia reported a total teen pregnancy of 10,457 across all the health districts in 2017, only 12 districts are currently participating in the program due to funding limitation. Despite the decline in teen pregnancy rate in Georgia, many districts continue to have rates that need public health attention. AHYD program, a comprehensive program using Youth Development Coordinators to target youth in Georgia, is implemented in response to teen pregnancy rate. 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. Also, the Youth Development Coordinators provide direct implementation of the evaluation protocol in the reached communities.

Target Population

The target population for the AHYD program is youth aged 10-19 years from 12 selected public health districts in Georgia, including adjudicated youth. *Table 1* below shows the 12 districts distinct by funding type to implement AHYD activities.

Table 1: Public Health Districts Funded to Implement Adolescent and Youth-Focused Activities

Public Health District	Funding Type		
	PREP	Program of Excellence	Core
Rome (District 1-1)		x	
Gainesville (District 2-0)		x	
Cobb and Douglas (District 3-1)	x		
Fulton (District 3-2)	x		
Clayton (District 3-3)	x		
Gwinnett, Newton and Rockdale (District 3-4)	x		
DeKalb (District 3-5)	x		
North Central-Macon (District 5-2)	x		
West Central-Columbus (District 7-0)		x	
South-Valdosta (District 8-1)		x	
Southwest-Albany (District 8-2)	x		
Coastal-Savannah (District 9-1)			x

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 conducts evaluations of the various strategies undertaken by the program.

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 shows 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, improve the program in order to achieve program goal.

Engagement of Stakeholders

To increase credibility and the chances that the evaluation findings will be used for program improvement and accountability, Georgia convened an AHYD evaluation planning group to revise the initial strategic evaluation plan, using the Centers for Disease Prevention and Control (CDC) evaluation framework (Milstein, 2000). The various partners, their affiliations, role played in the strategic evaluation planning and future roles are represented in *Table 2*.

Table 2: Adolescent Health and Youth Development Evaluation Planning Team-Contributions, Roles, and Future Responsibilities

Partner Name	Title and Affiliation	Contribution to Evaluation Planning	Role in Future Evaluations
Chinwe Ejikeme, DrPH	Program Evaluator, Chronic Disease and Prevention Section, Georgia Department of Public Health	Lead Evaluator	Facilitation of evaluation planning design and implementation; Development of program description; evaluation questions; development of evaluation design and plan for utilization of evaluation results; coordinate meetings of the team
Kia Powell-Threets, MS	Deputy Director, Reporting & Evaluation Unit, Chronic Disease Prevention Section, Georgia Department of Public Health	Development of program description; evaluation questions; development of evaluation design and plan for utilization of evaluation results	Continually support AHYD evaluation team; interpretation of evaluation findings, dissemination and utilization of findings
Christa Gilmore, BS	Youth Development Coordinator	Stakeholder/advisor/data/collection	Continually support AHYD evaluation team; interpretation of evaluation findings, dissemination and utilization of findings
Antwonette Bulloch	Youth Development Coordinator	Stakeholder/advisor/data collection	Continually support AHYD evaluation team; interpretation of evaluation findings, dissemination and utilization of findings
Brittney Stewart	Youth Development Coordinator	Stakeholder/advisor/data collection	Continually support AHYD evaluation team; interpretation of evaluation findings, dissemination and utilization of findings
Percy Chastang	Youth Development Coordinator	Stakeholder/advisor/data collection	Continually support AHYD evaluation team; interpretation of evaluation findings, dissemination and utilization of findings
Christine Wiggins, MS	Deputy Director, Office of Adolescent, School Health and District Coordination	Review of plan	Manage program (interim) implementation, data collection and ensures use of evaluation findings
Jimmie Smith, MD, MPH	Senior Deputy of Health Science, Chronic Disease Prevention Section Georgia Department of Public Health	Review of plan	Review Evaluation findings

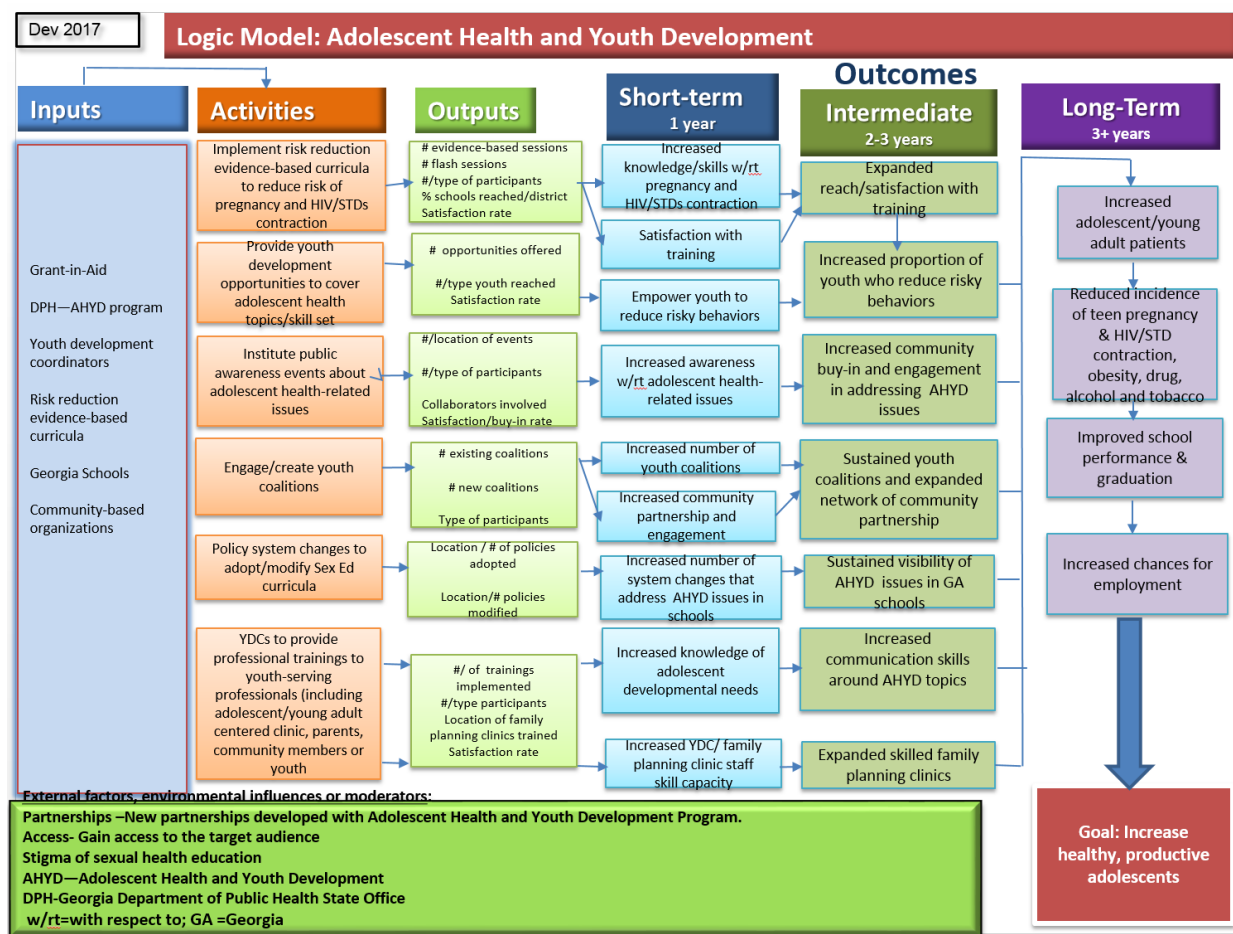
Adolescent Health and Youth Development Program Logic Model

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



Revision of the Strategic Evaluation Plan

New stakeholders were invited to revise the strategic evaluation plan based upon program restructure. The evaluation team will convene, discuss and update the strategic evaluation plan annually.

Proposed Evaluations

Evaluation Candidates

The Georgia Personal Responsibility Education Program (PREP) is evaluated by Georgia State University. However, it was agreed that all aspects of the AHYD program will continue to be evaluated since DPH does not have access to the existing PREP program evaluation. Various program strategies and activities with deliverables were refined to help plan and implement a more informing evaluation. An activity profile was updated for all the program strategies and used to brainstorm the various activities and understanding of the evaluation candidates as shown in *Figure 2*.

Figure 2. Summary of Evaluation Candidates from all Program Strategies

Evaluation Candidates
IMPLEMENT EVIDENCE-BASED CURRICULA
<ul style="list-style-type: none"> Complete an evidence-based curricula training to graduate a minimum of 70 targeted youth, including adjudicated youth, who complete 75% of the programming
PROVIDE PUBLIC AWARENESS
<ul style="list-style-type: none"> Plan and implement 10 public awareness events addressing adolescent health-related issues/topics
PROVIDE PROFESSIONAL TRAINING
<ul style="list-style-type: none"> Plan and provide 3 training opportunities reaching a minimum of 50 youth-serving professionals (including adolescent/young adult centered family planning clinics), parents, community members or youth
MAINTAIN OR ESTABLISH A STAND-ALONE YOUTH COALITION****
<ul style="list-style-type: none"> Maintain or establish a stand-alone Youth coalition
PROVIDE YOUTH DEVELOPMENT OPPORTUNITIES
<ul style="list-style-type: none"> Provide a minimum of 5 youth development opportunities reaching a minimum of 70 at-risk youth
DEVELOP STRATEGIES TO ACHIEVE POLICY AND SYSTEMS CHANGE****
<ul style="list-style-type: none"> Address teenage pregnancy prevention through policy and systems change

**** strategies not ready for outcome evaluation but will be implemented and monitored for process evaluation

In an iterative process, the evaluation questions, including the evaluation design (process and outcome), scope of data collection, and the performance standards were updated based upon the restructured program activities and deliverables.

Evaluation Question

The AHYD Evaluation Team was responsible for updating the evaluation questions, methods of data collection, data analysis and performance standards. *Table 3* 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 3: 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>					
A. Was the risk reduction evidence-based curricula successfully implemented? How many and what types of risk-reduction evidence-based curricula were implemented?	# evidence-based sessions # flash sessions	Document review	Grantee Quarterly reports	Quarterly and summarized annually	
To what extent did the partners graduate the target number and what was the demographic characteristics of the participants?	Number of participants graduated Type of participants	Document review	Grantee quarterly reports Sign in sheets	Quarterly and summarized annually	YDCs graduate or exceed their target number of participants Each participant will complete 75% of the modules to graduate.
To what extent were the education programs implemented as intended? What facilitated and inhibited the implementation of the strategies?	Number of sessions implemented as planned Facilitating/challenging factors	Document review Observation protocol (convenient sample assessment) 1 session in each district	Program manager notes	Program manager notes summarized annually Quarterly and summarized annually	The program will be implemented as planned, referencing observation protocol guideline
How satisfied were the trainees with the conduct of the training?	Satisfaction rate	Survey instrument	Program participants	Every training and summarized annually	Participants should demonstrate satisfaction with training

issues? Outcome measure question					
To what extent was community <u>buy-in</u> increased? Outcome measure question	Satisfaction rate Change in level of community engagement/acceptance of issues of AHYD?	Post event survey Document review	Participants Grantee quarterly reports	At the end of each awareness program and summarized annually Reported by YDCs during quarterly report and analyzed annually	Participants satisfied and willing to attend future AHYD events. Increase in partners engaged in addressing AHYD issues
<i>Provide Professional Training to youth-serving professionals, parents, community members or youth (including adolescent/young adult centered staff)</i>					
C. How effective was the AHYD youth-serving professional training? How many professional trainings were conducted and who and what type of participants were engaged?	Number of trainings implemented Number and type of participants	Document review	Sign in sheets	During each training and summarized annually	3 youth-serving professional trainings provided by each YDC every year and reaching a minimum of 50 participants 80% of all clinic staff <u>must</u> be trained per district health department

To what extent were the trainees satisfied with the conduct of the training?	Satisfaction rate	Satisfaction survey instrument	Participants	Every training and summarized annually	Participants should demonstrate satisfaction with training
What facilitated the implementation of the youth-serving trainings?	Facilitating/challenging factors	Document review	Grantee quarterly reports		
What were the challenges and how were they addressed?					
How much knowledge was gained in relation to adolescent needs? Outcome measure question	% increase in knowledge about adolescent needs among participants pre and post assessment	Survey instrument	Participants	Every training and summarized annually	Positive increase (statistical significance if sample size is sufficient Participants must pass the post test with 80% or higher
To what extent did the training inform participants' willingness and confidence in discussing youth development lifestyles? Outcome measure question	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 ***implemented as a reinforcement to evidence-based curricula trainings***</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	5 youth development opportunities provided to a minimum of 70 at-risk youth 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	At least 70 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 measure question <i>**Empowerment defined as increased knowledge to enable positive decision to reduce risky behavior**</i>	% increase in knowledge related to risky behaviors Number of youth 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 related to 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 measure question	% 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
Engage/create youth coalitions *****					
E. To what extent were youth engaged in AHYD?					
How many new coalitions were created?	Number of existing coalitions				Positive increase in number of coalitions and partnerships established or members maintained on an adolescent
What type of participants engaged in the coalitions?	Number of new coalitions				

	Type of participants	Document review	Grantee quarterly reports	Quarterly and summarized annually	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? What facilitated the process? What were the challenges and how were they overcome?	Location and number of policies/systems adopted Location and number of policies/systems modified Facilitating and challenging factors	Document review	Grantee quarterly reports	Quarterly and summarized annually	
<i>Provide adolescent/young adult centered training (youth-serving professional training)</i>					
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	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 measure question	% increase in skill capacity pre and <u>3-month post training</u>	User-friendly practices check-list	YDC	Every training <u>and 3 months after training</u> and summarized annually	Positive increase in teen-friendly reproductive services Each clinic must have at least 75% of items on checklist (16/21) completed on follow-up 80% of clinic staff in each clinic must complete 2 continuing education training topics (selected) per year, with 80% pass on posttest, to maintain clinic status
To what extent was family planning clinics participation in the training increase, with time? Outcome measure question	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 measure question	% 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

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 *Table 3* above these will include, (1) reviewing program documents, reviewing quarterly reports; (2) conducting fidelity check (observation) with grantees; (3) conducting pre/post survey with follow-up with youth participating in risk-reduction curricula training and youth development opportunity events; (4) conducting post awareness event survey with participants; (5) conducting pre/post survey with youth-serving professionals, including Adolescent/young adult-centered clinics; and (6) conducting skill capacity check with family planning clinics.

Collection of Credible Data

Data will be collected from different sources using various tools. *Table 4* depicts the data sources and the appropriate tools to be used for data collection.

Table 4: Data Sources and Appropriate Data Collection Tool

Data Source	Data Collection Tool
1. Program manager	Program documents
2. Youth participating in risk-reduction curricula training and youth development opportunity events	Pre/post survey with follow-up (Appendix 1)
3. Program staff observing district staff implementing risk-reduction curricula	Observation guide (Appendix 2)
4. Awareness event participants	Post event surveys (Appendix 3) for 5 topics
5. Youth-serving professionals	Pre/post survey (Appendix 4)
6. Family planning clinics skill capacity	User-friendly practices checklist (Appendix 5)

Analysis of Data

Analysis of the quantitative data will generally involve descriptive statistics while the qualitative data will be analyzed using content analysis. While the progress report will be summarized and reported quarterly, the evaluator will analyze data from the various survey instrument at the end of each fiscal year implementation and share with the team.

Table 5: Timeline for Data Collection

Data Source	FY 1 2017-2018	FY 2 2018-2019	FY 3 2019-2020	FY 4 2019-2020	FY 5 2020-2021
Program manager					
Youth participating in risk-reduction curricula trainings	X	X	X	X	x
District staff implementing risk-reduction curricula	X	X	X	X	x
Awareness event participants	X	X	X	X	X
Youth-serving professionals (both clinical and non-clinical)	X	X	X	X	X

Youth participating in youth development opportunity programs	X	X	X	X	X
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Communication Plan/Program Improvement through Evaluation Findings

To inform program improvement, it is necessary that evaluation findings 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, publications in both professional journals and local channels such as newsletters. *Table 6* below shows a communication plan for disseminating information and evaluation findings to various intended users.

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.

Table 6: Summary of Communications Plan

Audience	Purpose	Possible Format	Timing	Responsible Person(s)
Evaluation Planning Team (1)	Notification of upcoming evaluation planning activities	Email	Biweekly initially and as need arises	Program Evaluator
Chronic Disease Prevention Section Leadership, Georgia Department of Public Health(GDPH) (2) Program staff (3) All program stakeholders (4)	Presentation of final strategic evaluation plan Posting of final updated strategic evaluation plan on GDPH website	Email, Power-point presentation	Fiscal Year 2019-2020	Program Evaluator
1 above	Notification of need to update strategic evaluation plan	Email, In-person meetings	Annually	Program Evaluator
2-4 above	Dissemination of revisions made to strategic plan	Email, Power-point presentation	As need arises	Program Evaluator
2-4 above	Provision of evaluation progress report	Email, Power-point presentations, Reports	Quarterly	Program Evaluator

1-4 above	Documentation and sharing of evaluation findings and lessons learned	Email, informal presentation, Reports, Conferences, Newsletters, GDPH website	As need arises	Program Evaluator/staff
1-4 above	Documentation and sharing of synthesis of findings and lessons learned during funding agreement cycle	Email, informal presentation, Reports, Conferences, Newsletters, GDPH website	End of cooperative agreement	Program Evaluator/staff

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Appendix

Appendix 1. Risk-Reduction Youth Surveys



Risk-reduction Program

Youth Pre-Survey

Thank you for participating in the Risk-reduction program!

We want to ask you some questions about your knowledge and practices related to preventing pregnancy, contacting HIV/STIs and relationship behaviors. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development (AHYD) program to help you adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. We ask you not to write your name on the survey.

PLEASE PROVIDE:

First 2 letters of first name:

First 2 letters of last name:

mm/dd/yyyy:

1. What is your County?

2. How old are you?

3. In what grade are you?

4. How do you describe your gender?

a. Male	b. Female	c. Other (describe) <input type="text"/>
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5. What is your Race?

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African-American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other (please specify _____)

6. What is your ethnicity?

a. Hispanic	b. Non-Hispanic
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7. How often do you think about:

Item	None of the Time	Some of the Time	Most of the Time	All the Time
a. Doing well in school?				
b. Getting more education after high school?				
c. Resisting or saying no to peer pressure				
d. Sharing ideas or talking about things that really matter with a parent or trusted adult?				
e. Managing conflict without causing more conflict?				
f. Making plans to reach your goals?				
g. Getting a steady job after you finish school?				
h. Making healthy decisions about drugs and alcohol?				
i. Eating healthy and being physically active?				
j. Managing money carefully, such as making a budget, saving or investing?				

8. What grades do you usually get in school? Please choose one option.

a. Mostly A's	b. Mostly B's	c. Mostly C's	d. Mostly D's	e. Mostly F's
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The next set of questions relate to behaviors in relationships. Please choose the response option that best applies to you.

9. Are you or have you ever been in a relationship?

a. Yes	b. No
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10. Have you ever had sexual intercourse? Sexual intercourse referring to penis to vagina or mouth to penis, anus (butt), or vagina.

a. Yes	b. No
--------	-------

11. If you have had sexual intercourse before, have you ever been pregnant or gotten anyone else pregnant, to the best of your knowledge?

a. Yes	b. No	c. Does not apply
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12. If you have had sexual intercourse before, did you or your partner use birth control? By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).

a. Yes	b. No	c. I don't know what birth controls are	d. Does not apply
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13. If you have been pregnant before or gotten someone else pregnant, do you have a child or children?

a. Yes	b. No	c. I have never been pregnant or made someone else pregnant
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14. If you have a chance, do you think you may have sexual intercourse in the next 3 months?

a. Yes, definitely	b. Yes, probably	c. No, probably not	d. No, definitely not
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15. If you are or have ever been in a relationship, have you ever had sex with your partner without his/her consent?

a. Yes	b. No	c. Not Applicable
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16. Have you ever used the internet to make rude or nasty comments to other people?

a. Yes	b. No
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17. If you have been in a relationship before, have you ever abused your partner?

a. Yes	b. No	c. Not Applicable
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18. If you are or have ever been in a relationship, have you ever had sex with a person who was not sober or awake?

a. Yes	b. No	c. Not Applicable
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19. Please indicate your level of knowledge related to risky behaviors by checking 'True', 'False' or 'I don't know.'

Statement	True	False	I don't know
a. Using birth controls prevents pregnancy.			
b. Abstinence (choosing not to have sex) is the only 100% effective protection from pregnancy, STIs and HIV/AIDs.			
c. A person who has had sex should not practice abstinence anymore.			
d. Condoms are the best way to prevent sexually transmitted infections (STIs).			
e. If a person is having sex, they should not be tested for STIs.			
f. It is important to use condom <u>sometimes</u> during vaginal and anal sex.			
g. One partner must exert power and control for a relationship to be healthy.			
h. Regardless of age, gender or appearance, anyone could be a victim of sexual violence.			
i. A person's "no" should be respected, even if the other person wants to have sex.			
j. Partners in a relationship <u>should not</u> treat each other as equals.			
k. It is normal for victims of sexual violence not to talk about their abuse.			
l. It is <u>more difficult</u> to bully someone online than to bully someone in person.			
m. Stereotypes or expectations about an entire group of people are often not true for all members of a group.			
n. If a guy gets hurt or starts to cry, it means that he is not tough.			
o. Girls should not be decision-makers in a relationship.			

p. Humiliation, name calling and putting the other person down are signs of an abusive relationship.			
q. Communicating wants and needs with a partner is important for a healthy relationship.			
r. It is ok to have sex with people who are drunk if they agree to have sex.			
s. Making the decision to meet someone in person after you developed a relationship with them online can be risky.			

20. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am confident that I can protect myself against pregnancy and STIs.					
b. I am confident that I can make healthy decisions that will help to keep me safe in a relationship.					
c. I am confident that I can identify warning signs of an abusive relationship.					
d. I know how to avoid hurting/abusing anyone in a relationship.					
e. I know what to do if anyone in a relationship with me becomes abusive.					

Thank you for completing this survey!

Your responses are important to us.



Risk-reduction Program

Youth Post-Survey

Thank you for participating in the Risk-reduction program!

We want to ask you some questions about your knowledge and practices related to preventing pregnancy, contacting HIV/STIs and relationship behaviors. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development (AHYD) program to help you adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. We ask you not to write your name on the survey.

PLEASE PROVIDE:

First 2 letters of first name:	First 2 letters of last name:	mm/dd/yyyy:
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1. What is your County?

2. What is the highest level of education you would like to attain?

- a. Will not finish high school
- b. Will finish high school
- c. Will go to vocation/training school
- d. Will go to college
- e. Will go to graduate school

3. Please indicate your level of knowledge related to risky behaviors by checking 'True', 'False' or 'I don't know.'

Statement	True	False	I don't know
a. Using birth controls prevents pregnancy.			
b. Abstinence (choosing not to have sex) is the only 100% effective protection from pregnancy, STIs and HIV/AIDs.			
c. A person who has had before sex cannot practice abstinence anymore.			

d. Condoms are the best way to prevent sexually transmitted infections (STIs).			
e. If a person is having sex, they should not be tested for STIs.			
f. It is important to use condom <u>sometimes</u> during vaginal and anal sex.			
g. One partner must exert power and control for a relationship to be healthy.			
h. Regardless of age, gender or appearance, anyone could be a victim of sexual violence.			
i. A person's "no" should be respected, even if the other person wants to have sex.			
j. Partners in a relationship <u>should not</u> treat each other as equals.			
k. It is normal for victims of sexual violence not to talk about their abuse.			
l. It is <u>more difficult</u> to bully someone online than to bully someone in person.			
m. Stereotypes or expectations about an entire group of people are often not true for all members of a group.			
n. If a guy gets hurt or starts to cry, it means that he is not tough.			
o. Girls should not be decision-makers in a relationship.			
p. Humiliation, name calling and putting the other person down are signs of an abusive relationship.			
q. Communicating wants and needs with a partner is important for a healthy relationship.			
r. It is ok to have sex with people who are drunk if they agree to have sex.			
s. Making the decision to meet someone in person after you developed a relationship with them online can be risky.			

4. After participating in this program, please indicate your level of agreement with the following statements

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am confident that I can protect myself against pregnancy and STIs.					

b. I will work to form healthy and positive relationships.					
c. I will ask a parent or trusted adult for help or advice on friendships or relationships.					
d. If I decide to have sexual intercourse, I will use a birth control method.					
e. I am confident that I can make healthy decisions that will help to keep me safe in a relationship.					
f. I am confident that I can identify warning signs of an abusive relationship.					
g. I know how to avoid hurting/abusing anyone in a relationship.					
h. I know what to do if anyone in a relationship with me becomes abusive.					

5. Please indicate your level of satisfaction with the following statements by choosing the best response option that applies to you.

Statements	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I feel like I learnt important skills in the program.					
b. The purpose of the program was made clear to me.					
c. The trainer had good knowledge of the subject area.					
d. The materials provided helped me to understand the subject areas.					
e. I will recommend this program to any youth.					

Thank you for completing this survey!

Your responses are important to us.



Risk-reduction Program

Youth 3-month Follow-up Survey

Thank you for participating in the Risk-reduction program!

We want to ask you some questions about your knowledge and practices related to preventing pregnancy, contacting HIV/STIs and relationship behaviors. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development (AHYD) program to help you adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. We ask you not to write your name on the survey.

PLEASE PROVIDE:

First 2 letters of first name:	First 2 letters of last name:	mm/dd/yyyy:
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1. What is your County?

2. Within the past 3 months, how many times have you had sexual intercourse without using birth control?

- a. I have never had sexual intercourse
- b. I have never had unprotected sexual intercourse
- c. 1 time
- d. 2 to 3 times
- e. 4 to 10 times
- f. 10 or more times
- g. I'm not sure

3. If you have not had sexual intercourse within the past 3 months, which of the following influenced your decision? (Check all that apply)

- a. Health Department
- b. Risk-reduction and life-skill program
- c. Friend(s)
- d. Doctor's office
- e. Books, brochures, magazines, TV
- f. Parent(s), family member, adult
- g. Other (describe)
- h. I have had sexual intercourse

4. If you decided not to have sexual intercourse within the past 3 months, why did you make the decision not to have sexual intercourse? (check all that apply)

- a. I have had sexual intercourse
- b. Fear of pregnancy or disease
- c. Personal values
- d. Financial consequences
- e. Education consequences
- f. Social consequences
- g. Lack of interest, appropriate person or opportunity
- h. Other (describe)

5. If you had sexual intercourse within the past 3 months, which of the following did you or your partner use? (Check all that apply)

- a. I have not had sexual intercourse
- b. Condom (rubber)
- c. Depo-Provera (the shot)
- d. Birth control pill
- e. Diaphragm
- f. Withdrawal

- g. Birth control patch
- h. No method
- i. I'm not sure
- j. Other (describe)

6. Within the past 3 months, after participating in the risk-reduction program, have you worked to form a healthy, positive relationship?

a. Yes	b. No	c. I don't know
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7. Within the past 3 months, after participating in the risk-reduction program, have you had a discussion with your parent or trusted adult on how to form a healthy, positive relationship?

- a. Yes
- b. No
- c. I still plan to do that

8. Within the past 3 months, have you ever been told by a doctor or nurse that you had a sexually transmitted disease such as herpes, genital warts, gonorrhea, syphilis, or AID/HIV infection?

a. Yes	b. No	c. I'm not sure	d. Does not apply to me
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9. Within the past 3 months of participating in the program, have you ever had sex with your partner without his/her consent?

a. Yes	b. No	c. Not Applicable
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10. Within the past 3 months of participating in the program, have you ever used the internet to make rude or nasty comments to other people?

a. Yes	b. No
--------	-------

11. Within the past 3 months of participating in the program, have you ever abused your partner?

a. Yes	b. No	c. Not Applicable
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12. Within the past 3 months of participating in the program, have you ever had sex with a person who was not sober or awake?

a. Yes	b. No	c. Not Applicable
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13. Within the past 3 months of participating in the program, have you ever met someone older than you in real life who you met online?

a. Yes	b. No
--------	-------

14. Within the past 3 months, have you ever made a decision that hurt/kept you unsafe in a relationship?

a. Yes	b. No	c. Not Applicable
--------	-------	-------------------

15. Within the past 3 months of participating in the program, have you ever pressured your partner to behave in certain ways that they did not want to?

a. Yes	b. No	c. Not Applicable
--------	-------	-------------------

Thank you for your responses!

Appendix 2. Observation Guide for Risk-reduction Training Facilitators



Observation Guide for Risk-reduction Training Facilitators

AHYD Site: _____ Implementation Site Address: _____	Facilitator(s): _____
Observer Name: _____	Curriculum and Module Observed <input type="checkbox"/> MAD: Module _____ <input type="checkbox"/> MPC: Module _____ <input type="checkbox"/> RTR: Module _____ <input type="checkbox"/> FLASH _____
Date of Site Visit: _____	Time of Visit: _____
Was the lesson co-facilitated? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes complete a separate form for each facilitator)	Youth Participant Characteristics: # Males _____ # Female _____

INSTRUCTIONS: The purpose of this observation form is to measure the quality of curriculum implementation. Please follow the instructions below when completing the form.

Prior to site visit, the assigned technical assistance contractor should obtain/review the lesson plan for the session they will observe. The lesson plan should incorporate any planned adaptation. **The site visit observation form should be completed after viewing the entire session, but you should read through the question prior to the observation.** It will be helpful to take notes during your viewing. For example, for Question 1, rate in your notes each time a facilitator gives an explanation. On page 5, you will find space to record additional observations.

INSTRUCTIONS: The following questions assess the overall quality of the curriculum session and delivery of information. Use your best judgment. Please *do not* change the provided scoring system—do not circle multiple numbers or write intermediate numbers such as 1.5.

1. In general, how clear were the facilitator's instructions for the activities?

1 2 3 4 5
 Not clear Somewhat clear Very clear

1: Most participants do not understand the instructions and cannot proceed; many questions are asked.

3: About half of the group understands, and the other half asks for clarification.

5: 90%-100% of the participants can begin and complete the activity/discussion as intended with no hesitation and no questions.

2. To what extent did the facilitator prevent running over time during the session and activities?

1 2 3 4 5
 Not clear Somewhat clear Very clear

1: The facilitator does not have enough time to complete the material (particularly at the end of the session and regularly allows discussion to drag on (leading participants to seem bored or begin discussing unrelated issues)

3: The facilitator misses a few points because of time constraints and sometimes allows discussions to drag on.

5: The facilitator completes all content, activities, and discussions in a timely manner (using the suggested time limitations in the program manual)

1: The facilitator presented information in a dry and boring way, lacked personal connection to material, and/or appeared “burnt out”.

5: The facilitator made clear that the curriculum is a great opportunity, got participants talking and excited, and was outgoing.

c. Poise and confidence

1	2	3	4	5
Poor		Average		Excellent

1: The facilitator appeared nervous or hurried and did not have good eye contact with participants.

5: The facilitator did not hesitate to address participants’ concerns, was well organized, and was not nervous.

d. Rapport and communication with participants

1	2	3	4	5
Poor		Average		Excellent

1: The facilitator did not remember participants’ names, did not “connect” with participants, and acted in a distant or unfriendly manner.

5: The facilitator got participants talking and excited, was very friendly, used participants’ names when appropriate, and seemed to understand the target population and its needs.

e. Effectiveness in addressing questions/concerns

1	2	3	4	5
Poor		Average		Excellent

1: The facilitator engaged in “power struggles” with participants, responded negatively to comments, gave inaccurate information, and/or did not direct participants elsewhere for further information.

5: The facilitator answered questions of fact with information and questions of value with validation. If the facilitator did not know the answer, he or she was honest about it and directed participants elsewhere.

f. (If-applicable) coordination with co-facilitators

1	2	3	4	5
Poor		Average		Excellent

1: Transition between facilitators were not smooth, one facilitator did not participate in the session, or facilitators did not appear to have planned their respective roles in the session.

5: Transition between facilitators were smooth, both facilitators played a role, and each facilitator’s role appeared to be defined.

8. Rate the overall quality of the program session (This item assess both the extent of the material covered and performance of the facilitator)

1	2	3	4	5
Poor		Average		Excellent

Characteristics of poor session:

- The facilitator uses lecture-style presentation of content.
- The facilitator reads content from the manual.
- The facilitator stumbles along with content and fails to make connection with what has been discussed previously or what participants are contributing.
- The facilitator gets into power struggles with participants about content.

- The facilitator responds judgmentally.
- The facilitator has flat and boring style.
- The facilitator presents material in unorganized or random manner.
- The facilitator loses track of time.
- Participants are uninvolved.

Characteristics of excellent session:

- Participants are doing rather than talking about activities.
- The facilitator responds to questions non-judgmentally.
- The facilitator answers questions of fact with factual information and questions of value with validation.
- The facilitator practices good time management and is well organized.
- The facilitator has adequate pacing. The presentation is not too fast but does not drag.
- The facilitator uses effective checks for understanding.

9. Technical Assistance Key Findings (identify any specific points of concern, areas of improvements, and/or major accomplishments from this visit):

10. Is a follow-up site visit recommended Yes ☐ No ☐? If yes, select and provide justification for recommendation.

- Facilitator provided medically inappropriate information
- Unapproved and inappropriate adaptations were made to the session
- Significant challenges in classroom management or ability to engage youth were observed
- Inappropriate interaction and comments with youth participants
- Number of youth who attended sessions did not make for an effective learning environment (i.e., only two youth attended when 15 were projected, which negatively impacted discussions and activities)

11. Summary of Recommendations and Next Steps Plan of Action:

Appendix 3. Post Awareness Event Survey



1. *Drugs & Alcohol Public Awareness Event*

Post Event Survey

Thank you for participating in the adolescent health and youth development public awareness event!

We want to ask you some questions about your views about the event. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential, and no one will be able to link your answers to you and the findings will be reported in a summary form. Please do not write your name on this survey.

1. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am more knowledgeable about the way that drugs and alcohol affect our bodies.					
b. I am more knowledgeable about the drugs that are more commonly abused.					
c. I am more knowledgeable about the influence that media has on adolescents in relation to drug and alcohol abuse.					
d. I am more knowledgeable about the different strategies that one can use to stay away from taking alcohol and drugs.					
e. The event was well implemented.					
f. I will recommend this event to my friends and family.					
g. I am confident that I can communicate with youths effectively to resist alcohol and drug use.					
h. I will attend future events like this.					

Thank you for completing this!

Your responses are important to us.



2. *Alcohol Teen Pregnancy & STDs/HIV Only Public Awareness Event*

Post Event Survey

Thank you for participating in the adolescent health and youth development public awareness event!

We want to ask you some questions about your views about the event. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. Please do not write your name on this survey.

1. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am more knowledgeable about myths and facts regarding teen pregnancy.					
b. I am more knowledgeable about the prescribed methods of birth control.					
c. Using latex or polyurethane condom correctly and consistently helps to avoid STDs and/or pregnancy if a person engages in sexual activity (oral, anal, or vaginal sex).					
d. The only way to know if one has an STD is to get tested.					
e. The event was well implemented.					
f. I will recommend this event to my friends and family.					
g. I am confident that I can communicate with youths effectively to prevent teen pregnancy and STDs contraction.					
h. I will attend future events like this.					

Thank you for completing this!

Your responses are important to us.



3. Bullying Public Awareness Event

Post Event Survey

Thank you for participating in the adolescent health and youth development public awareness event!

We want to ask you some questions about your views about the event. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. Please do not write your name on this survey.

1. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am more knowledgeable about the different ways that a person can be bullied.					
b. I am more knowledgeable about ways that a bystander can help someone who is being bullied.					
c. Name calling, spreading rumors and making comments about one's body parts are various forms of bullying.					
d. A person can be bullied through online interactions.					
e. The event was well implemented.					
f. I will recommend this event to my friends and family.					
g. I am confident that I can communicate with youths effectively on how to intervene in a situation where someone is being bullied.					

h. I will attend future events like this.					
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Thank you for completing this!

Your responses are important to us.



4. Puberty & Hygiene Public Awareness Event

Post Event Survey

Thank you for participating in the adolescent health and youth development public awareness event!

We want to ask you some questions about your views about the event. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. Please do not write your name on this survey.

1. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am more knowledgeable about the importance of good hygiene.					
b. I am more knowledgeable about the changes a person's body undergoes from a kid to an adult.					
c. Bathing, good oral care and frequent hand washing are healthy habits important for a person's hygiene.					
d. Trying to start defining one's self as a person is a social change that occurs in puberty.					
e. The event was well implemented.					
f. I will recommend this event to my friends and family.					
g. I am confident that I can communicate with youths effectively to have good hygiene.					

h. I will attend future events like this.					
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Thank you for completing this!
Your responses are important to us.



5. Healthy Relationship and Teen Dating Violence Public Awareness Event

Post Event Survey

Thank you for participating in the adolescent health and youth development public awareness event!

We want to ask you some questions about your views about the event. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth adopt healthy lifestyles with the goal of becoming a healthy, productive adolescent in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. Please do not write your name on this survey.

1. Please indicate your level of agreement with the following statements:

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am more knowledgeable about the differences between healthy and unhealthy relationship.					
b. I am more knowledgeable about the different types of abuse in an unhealthy relationship.					
c. I am more knowledgeable about signs of an unhealthy relationship.					
d. There is generally a cycle of violence that occurs within an unhealthy relationship.					
e. The event was well implemented.					
f. I will recommend this event to my friends and family.					

g. I am confident that I can communicate with youths effectively on how to build/maintain a healthy relationship.					
h. I will attend future events like this.					

Thank you for completing this!
Your responses are important to us.

Appendix 4. Youth-serving Professional Surveys



Youth-serving Professional Training

Pre-Survey

Thank you for participating in the youth-serving professional training!

We want to ask you some questions about your knowledge and practices related to adolescent development. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth develop healthily (physically, emotionally, socially, and cognitively).

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. We ask you not to write your name on the survey.

PLEASE PROVIDE YOUR IDENTIFICATION NUMBER

1. How do you describe yourself?

- a. professional (please describe)
- b. Parent

- c. Community member
- d. Youth

2. How long have you served youth?

- a. Less than 1 year
- b. 2 to 4 years
- c. 5 to 10 years
- d. Over 10 years

3. Please choose any of the options to best describe your understanding of the subject matter.

Statement	True	False	I don't know	N/A
a. The human brain develops fully during the period of adolescence.				
b. The prefrontal cortex of the brain controls complex decision-making, judgment and understanding.				
c. The need for peer acceptance is at its peak during the adolescent period.				
d. Teens engage in risk-taking to build their identity.				
e. Engaging in risky behaviors is disproportionately high among adolescents compared to other age groups.				
f. Teens often do not receive counsel from providers due to unconscious bias.				
g. Good screening and counseling help prevent many adolescent risky behaviors.				
h. Being patient-centered is an important tool for providers to navigate negative behaviors from adolescents.				
i. Confidentiality is a youth-friendly behavior.				

4. Please indicate your level of agreement with the following questions

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I <u>am willing</u> to engage in communications about adolescent health and youth development issues to help youth become healthy adolescents					
b. I <u>feel confident</u> that I can engage in communications about adolescent health and youth development related issues to help them become healthy adolescents.					

Thank you for completing this!

Your responses are important to us



Youth-serving Professional Training

Post-Survey

Thank you for participating in the youth-serving professional training!

We want to ask you some questions about your knowledge and practices related to adolescent developmental needs. The information that you will provide in this survey will be used to enhance the Adolescent Health and Youth Development program designed to help youth adopt healthy lifestyles with the goal of becoming healthy, productive adolescents in future.

Your participation in this survey is completely voluntary. Also, your responses will be confidential and no one will be able to link your answers to you and the findings will be reported in a summary form. We ask you not to write your name on the survey.

PLEASE PROVIDE YOUR IDENTIFICATION NUMBER

1. How do you describe yourself?

- a. professional (please describe) _____
- b. Parent
- c. Community member
- d. Youth

2. How long have you served youth?

- a. Less than 1 year
- b. 2 to 4 years
- c. 5 to 10 years
- d. Over 10 years

3. Please choose any of the options to best describe your understanding of the subject matter.

Statement	True	False	I don't know	N/A
a. The human brain develops fully during the period of adolescence.				
b. The prefrontal cortex of the brain controls complex decision-making, judgment and understanding.				
c. The need for peer acceptance is at its peak during the adolescent period.				
d. Teens engage in risk-taking to build their identity.				

e. Engaging in risky behaviors is disproportionately high among adolescents compared to other age groups.				
f. Teens often do not receive counsel from providers due to unconscious bias.				
g. Good screening and counseling help prevent many adolescent risky behaviors.				
h. Being patient-centered is an important tool for providers to navigate negative behaviors from adolescents.				
i. Confidentiality is a youth-friendly behavior.				

4. Please indicate your level of agreement with the following questions

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I <u>am willing</u> to engage in communications about adolescent health and youth development issues to help youth become healthy adolescents					
b. I <u>feel confident</u> that I can engage in communications about adolescent health and youth development related issues in a youth-friendly manner to help them become healthy adolescents.					

5. Please rate your satisfaction with program.

- a. Very dissatisfied
- b. Dissatisfied
- c. Neither satisfied nor dissatisfied
- d. Satisfied
- e. Very satisfied

Thank you for completing this!

Your responses are important to us

Thank you for completing this!

Your responses are important to us

Appendix 5. User-Friendly Practices Checklist



Family Planning Clinic: Adolescent and Young Adult User Friendly Checklist (Pre and 3-month follow-up)

Name of Family Planning Clinic:	
Address:	
Date visited:	
Observer name:	

The purpose of this checklist is to assess family planning clinic practices that enhance Adolescent and Young Adult services. Please read and follow the instruction in completing this checklist.

Instruction: Please indicate your level of agreement with the observed practices in relation to Adolescent and Young Adult centered services by selecting “Yes”, “Partially”, or “No.”

The clinic in question:

Practice	Yes	Partially	No
1. Is located where young people can easily get to			
2. Offers flexible appointments for youth’s convenience (after-school, weekend hours etc.			
3. Makes their service hours noticeable			

4. Has a physical space that is welcoming to young people (posters, free WIFI, etc.)			
5. Provides testing, comprehensive option, and counseling			
6. Provides services in the language spoken by youth in that area			
7. Posts information about the languages spoken by youth in that area			
8. Has confidential services for youth			
9. Post state's confidential policy in places that youth can easily see			
10. Has services that are free or low-cost for youth			
11. Posts information about free or low-cost services in places that youth can easily see			
12. Has exam rooms that feel private			
13. Has a check-in and check-out area that feels private			
14. Provides and updates sexual health assessment at every visit			
15. Has an all-gender bathroom in a convenient location			
16. Provides free menstrual products			
17. Provides free condoms			
18. Posts information about free condom provision in places that youth can easily see			
19. Provides multiple birth control methods (pill, patch, LARCs, emergency contraception, etc.			
20. Provides same day testing and treatment for sexually transmitted infections			
21. Provides same day contraceptive implant			

Thank you for your responses!