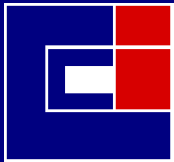


4Me! TEEN HEALTH PROJECT EVALUATION

2014 Year End Report

**Prepared for
Northeast Florida Healthy Start Coalition, Inc.**



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Overview

The 4Me! Teen Health Project, implemented by The Northeast Florida Healthy Start Coalition (Healthy Start) and its community partners, aims to reduce area rates of teen births and sexually transmitted infections (STIs) by educating youth about such sexual health issues and how to prevent risky sexual behavior. The project is a community-level intervention conducted in low-income apartment complexes, programs for at-risk youth, and county health departments for youth 12 to 18 years old in Duval, Clay and Nassau counties. There are three components to the program: a series of comprehensive sex education sessions for youth, Teen Leadership Councils (TLC), and a parent workshop. In addition, trainings pertaining to positive youth development, Adverse Childhood Experiences (ACE), lesbian, gay, bisexual, transgender and questioning (LGBTQ) sensitivity, and anti-bullying are offered to partner agency staff as well as other local agencies serving youth.

Healthy Start contracted with the Northeast Florida Center for Community Initiatives (CCI) at the University of North Florida to evaluate the project. The evaluation is aimed at determining whether the program reaches its process objectives and program outcomes. A progress report on the objectives and outcomes is in the [Appendix](#). This report provides a more detailed analysis of the data collected for the program series that have occurred in 2013 and 2014.

Methods

CCI employed a variety of quantitative and qualitative evaluation methods to measure the objectives, outcomes, and effectiveness of the 4Me! Project. Many of the instruments were created in collaboration with Healthy Start staff during the pilot phase and subsequently improved for the current project, which began series in Spring 2013. Program facilitators collected data for the evaluation including registration forms, attendance records and surveys. Youth assents and parental consents were required for the research and data from only those with the appropriately signed forms were provided to CCI staff and included in this report.

Youth participants completed a pre-test survey prior to the first program session, a post-test survey at the end of the final session, and a follow-up survey approximately 60 days after the last session. Participant IDs were included on all of the youth surveys in order to track responses over time.

Beginning in Spring 2014, youth participants were administered Federally approved cross site pre- and post-test surveys and local survey instruments were amended so that duplicating data was not collected. Local follow-up surveys were then administered at approximately 90 days in order to be consistent with the new survey questions.

Parents who attended a workshop also completed pre- and post-test surveys before and after the workshop and a follow-up survey approximately 60 days afterwards (90 day follow-ups began in Spring 2014 to coincide with youth). While the pre-and post-tests were matched to examine whether knowledge and self-efficacy were gained, the follow-up surveys were not collected in a manner to be paired. Follow-up surveys were primarily focused on whether parents had discussed sex with their children since the workshop.

In addition to program forms and surveys, focus groups were conducted with youth and parent participants as well as lead and partner agency staff during the Fall 2013 and 2014. Focus group questions were aimed at gaining participants' perceptions of the program and whether it is "working." This report covers only focus groups conducted in 2014. Results from the 2013 focus groups can be found in the 2013 Year End Report. Two youth and one parent/guardian focus groups were conducted at two different program sites. CCI staff conducted one focus group with approximately eight partner staff including facilitators, site coordinators, and administrators.

For agency staff trainings, CCI analyzed matched pre- and post-test surveys, which were administered by the Jacksonville Children's Commission where the trainings were held, to examine knowledge gained. Agency staff also completed an online follow-up survey 30 days after the training to report whether any best practices had been implemented. Training attendees were emailed a request to complete the voluntary survey and two to three reminders were sent to those who had not completed the survey. No identifying information was collected on the pre- post-test surveys so they were not matched with the follow-up survey.

Survey Results

Youth Participants

Three hundred sixty-two youth attended at least one 4Me! Teen Health Project session during 2013 or 2014. Approximately three-fourths (273) of the youth completed the program by attending three out of four sessions or an equivalent, which is on track to meeting the process objective (see [Appendix](#)). Research assent and/or parental consent forms were collected for 252 of the youth who had completed the program and only their data are included in the following analyses.

Overall, there were more female youth participants (57.4 percent) than males (See [Table 1](#)). Three out of four youth were African-American, while 13.5 percent were white and 11.5 percent were another race, including multi-racial. Twelve percent of the youth were Hispanic.

The youth were typically younger, with over two-thirds being 15 years and younger. The median age of the youth was 14.5 years.

Gender (n=251)	Male	42.6%
	Female	57.4%
Race (n=248)	Black / African-American	74.6%
	White	13.5%
	Other	11.5%
Ethnicity (n=245)	Hispanic	11.8%
Age (n=252)	11-13	39.7%
	14-15	28.6%
	16-17	22.6%
	18	9.1%

General Life Skills

Beginning in the Spring of 2014, youth were asked a series of questions regarding general life skills, such as managing stress, peer pressure, money, and friendships. At pre-test, youth were asked how often they had been able to manage such life issues during the previous three months, while the post-test questions focused on the degree to which participating in the program affected their abilities with these life skills.

In the three months preceding the program, youth were more likely to care about doing well in school, be respectful toward others, and have friends that kept them out of trouble than the other topics presented (see [Table 2](#)). In fact, only a little over half reported that they had managed conflict and knew how to manage stress all or most of the time in the three months prior to the sessions. A large majority of youth participants believed that being in the program made them much more or somewhat more likely to care about school, respect others, have friends that kept them out of trouble, manage money carefully, and resist peer pressure. Competences to manage stress and conflict and share ideas with their parents were less likely to be improved by program participation than the other topics. Still, over two-thirds (67.0 percent) of youth thought being in the program made them more likely to know how to manage stress.

The program’s influence on additional life skills were asked only at the post-test survey. As seen in Table 3, a vast majority of youth participants thought that being in the program had made them more likely to be successful in all of the skills presented: make plans to reach goals, get a steady job after finishing school, make healthy decisions about drugs and alcohol, get more education after high school, and be the best they can be. Youth were less certain that the program made it more likely for them to obtain a steady job after school than the other skills in this set. Still, nearly nine out of ten (87.5 percent) reported that the program did increase such likelihood.

Table 2: General Life Skills Asked at Pre and Post

	Past 3 months... All of the Time / Most of the Time (Pre-Test)	Being in the program... Much More Likely / Somewhat More Likely (Post-Test)
Cared about doing well in school	89.5% (n=105)	90.4% (n=104)
Shared ideas or talked about things that matter with parent/guardian	58.5% (n=106)	76.0% (n=104)
Resisted peer pressure	64.4% (n=101)	80.6% (n=103)
Manage conflict without causing conflict	53.8% (n=104)	73.5% (n=102)
Knew how to manage stress	54.5% (n=101)	67.0% (n=103)
Managed money carefully	65.0% (n=103)	81.7% (n=104)
Had friends/form friendships that kept them out of trouble	73.3% (n=101)	82.6% (n=104)
Respectful toward others	77.9% (n=104)	85.5% (n=104)

Note: These questions were new as of the Spring 2014 sessions.

Table 3: General Life Skills Asked Only at Post	
	Being in the program... Much More Likely / Somewhat More Likely (Post-Test)
Make plans to reach goals (n=104)	93.3%
Get a steady job after school is finished (n=104)	87.5%
Healthy decisions about drugs and alcohol (n=104)	89.4%
Get more education after high school (n=103)	92.2%
Be the best you can be (n=104)	96.2%

Note: These questions were new as of the Spring 2014 sessions.

Sexual Health Behavior

In addition to life skills, youth were asked about their behaviors related to sexual health. Less than one-fourth (23.5 percent) of the youth reported ever having vaginal sex at the time of the pre-test; 47.2 percent of those youth had been sexually active within three months of the first 4Me! session. As seen in [Table 4](#), nearly all of the sexual health behaviors of the youth participants changed to some extent in a positive direction between the pre-test and follow-up surveys. For example, the percentage of youth who were sexually active three months prior to each of the surveys decreased slightly from 47.2 to 44.4 percent at follow-up. Similarly, the percentage of youth who were sexually active and drank alcohol or used drugs before having sexual intercourse declined three percent between the pre-test and follow-up surveys. The most encouraging results were in regards to the youth who always used a condom when having sex in the three months prior to the surveys. This percentage increased from 41.7 percent at pre-test to 57.9 percent at follow-up. Interestingly, the percentage of sexually active youth who always used birth control during the past three months declined slightly between surveys. It is important to note, however, that is a smaller sample compared to the question regarding condom use because the question was not introduced until Spring 2014.

When asked about the likelihood of future sexual activity, about one out of five (19.3 percent) youth reported at pre-test that they would definitely or probably engage in sexual intercourse

in the next six months if given the opportunity (see Table 5). This percentage dropped slightly to 16.2 percent at the time of the follow-up.

Table 4: Sexual Health Behavior of Youth Participants

	Pre-Test	Follow-up
Youth who had vaginal sex within the last 2-3 months (of those who had ever had vaginal sex)	47.2% (n=53)	44.4% (n=45)
In the past 3 months, drank alcohol or used drugs before having sexual intercourse*	33.3% (n=15)	30.0% (n=10)
Always used a condom during the past 2-3 months	41.7% (n=24)	57.9% (n=19)
Always used birth control during the past 3 months*	46.2% (n=13)	45.5% (n=11)

Note: The respondents between pre, post, and follow-up are not necessarily the same individuals as their sexual behavior may have changed and they may not have taken the post or follow-up surveys or chosen not to respond to particular questions. Also, only youth who had had sex within the past two to three months were included in the calculations for the last three statements in the table.

* These questions were new as of the Spring 2014 sessions.

Table 5 : Likelihood of Sexual Intercourse in Next 6 Months

	Definitely or probably (Pre-Test)	Definitely or probably (Follow-up)
Youth who would have sexual intercourse in next 6 months if given the opportunity	19.3% (n=104)	16.2% (n=68)

Note: These questions were new as of the Spring 2014 sessions.

Beginning in Spring 2014, youth were asked about the extent to which program participation might influence their future sexual health behaviors in the next six months. As seen in Table 6, approximately two out of three (66.3 percent) of the participants reported that they were more likely to choose to abstain from sexual intercourse, while some youth (14.2 percent) claimed participation actually increased the likelihood that they would have sexual intercourse in the next six months. Just over three-fourths (77.6 percent) of youth who did not plan to abstain from sexual intercourse thought that they were more likely to use a form of birth control and 83.3 percent were more likely to use a condom as a result of being in the program.

Table 6: Influence of Program on Sexual Health Behavior in Next 6 Months

	Being in the program... Much More Likely / Somewhat More Likely (Post-Test)
Youth would abstain from sexual intercourse (n=101)	66.3%
Youth would have sexual intercourse (n=99)	14.2%
Youth would use a form of birth control during sexual intercourse (n=58)*	77.6%
Youth would use a condom during sexual intercourse (n=66)*	83.3%

Note: These questions were new as of the Spring 2014 sessions.

***Does not include youth who claimed they plan on abstaining.**

Sexual Health Knowledge

A series of questions were included in the pre- and post-test surveys to examine whether or not youth participants gained sexual health knowledge by participating in the 4Me! Project. The series included nine statements in which participants were to report their level of agreement: strongly agree, somewhat agree, somewhat disagree, and strongly disagree. In general, the youth were relatively knowledgeable of some topics at the time of the pre-test. For example, a large majority of youth agreed that condoms can prevent pregnancy (86.0 percent) and overall disagreed that a girl should always let a boy make the decisions in a relationship (81.6 percent) (see [Tables 7 and 8](#)). Although about three-fourths of the youth believed that they had all of the information they needed prior to the session to avoid a STI (72.0 percent) or an unplanned pregnancy (75.0 percent), many issues of sexual health were not well known, such as the increased risk of a condom breaking when used with an oil-based lubricant, that one cannot contract HIV through a toilet seat, and that STIs do not always have visible symptoms.

The percentages increased between the pre- and post-tests for all of the questions. The Wilcoxon test was applied to each of the questions to examine whether the differences in responses were statistically significant between the two surveys. As seen in the tables, the responses to the pre- and post-tests were significantly different at the 95 or 99 percent confidence level for all but one question – “a girl should always let a boy make the decisions in

a relationship.”¹ Seven of the eight questions that were found to be statistically significant were significant at the 99 percent confidence level ($p < .01$). These results indicate that knowledge was gained after attending the program sessions. It is also promising that the percentages of youth who believed they had sufficient information to avoid STIs and unplanned pregnancies increased to over 90 percent after they completed the 4Me! Project.

Table 7: Youth Participants’ Knowledge of STIs, HIV, and Contraception (Agree)

	Somewhat / Strongly Agree Pre-Test	Somewhat / Strongly Agree Post-Test
A condom will break if used with an oil-based lubricant (i.e. Vaseline, lotion). (n=211)	45.5%	59.7%**
If someone has had sex before, they can recommit to abstaining, or holding back from sex. (n=219)	75.8%	81.7%*
Condoms can keep a girl from getting pregnant, if used correctly. (n=228)	86.0%	90.8%**
Condoms can keep you from getting HIV, if you use them correctly every time you have sex. (n=224)	68.8%	79.5%**
I have all the information I need to avoid getting a Sexually Transmitted Infection (STI). (n=225)	72.0%	91.1%**
I have all the information I need to avoid an unplanned pregnancy. (n=228)	75.0%	91.7%**

Wilcoxon: * $p < 0.05$ ** $p < 0.01$

¹ Statistical tests of significance, such as the Wilcoxon and paired t-tests, test the probability that results are due to chance. Researchers use p-values to identify statistically significant results and the level of significance. Commonly accepted p-values are 0.05 and 0.01, indicating that the probability the results are due to chance is very low – less than 5% or 1% respectively. The Wilcoxon test examines the difference between the pre- and post-tests medians while the paired t-test examines the differences in the means. If a variable is statistically significant then there is a high probability the medians/means are truly different between the pre- and post-tests.

Table 8: Youth Participants' Knowledge of STIs, HIV, and Contraception (Disagree)

	Somewhat / Strongly Disagree Pre-Test	Somewhat / Strongly Disagree Post-Test
A girl should always let a boy make the decisions in a relationship. (n=233)	81.6%	82.4%
Cleaning a toilet seat before using it will prevent me from getting HIV. (n=227)	47.5%	60.4%**
You can always tell if your partner has a Sexually Transmitted Infection (STI) because the symptoms are obvious. (n=225)	60.9%	72.4%**

Wilcoxon: * p<0.05 **p<0.01

Sexual Health Self-Efficacy

In addition to sexual health knowledge, the pre- and post-test surveys included a series of statements to measure youth participants' confidence or self-efficacy in regard to sexual health behavior. Youth were asked to rate their level of confidence from zero to 10 for nine statements, creating a possible overall score of 90. Only youth who recorded a score for all of the statements were included in the analyses. As seen in [Table 9](#), the average overall score for the pre-test survey was 66.2 and at the post-test survey it increased to 77.5. This 11 point increase was significant at the 99 confidence level (p<0.01). Furthermore, the average for each of the statements increased and each increase was statistically significant (p<0.01). The most drastic increases were in response to the statements about explaining safe sex to a partner and getting birth control, while the statement regarding talking to parents about safer sex saw the smallest increase.

Table 9: Youth Participants' Self-Efficacy for Sexual Health Behaviors

	Pre-Test Average (n=218)	Post-Test Average (n=218)
Explain how to have safe sex to a partner.	6.3	8.6**
Leave a situation that may lead to unsafe sex.	7.4	8.8**
Talk to someone to get correct information about sex.	7.8	9.1**
Call for help if I don't feel safe.	8.1	9.1**
Talk to my parents about safer sex.	6.6	7.3**
Get birth control.	5.7	7.6**
Abstain, or hold back, from sex for the next six months.	7.4	8.7**
Use a condom every time if I have sex in the next six months.	8.4	9.3**
Develop a life plan outlining personal goals.	8.5	9.3**
OVERALL SCORE (0-90)	66.2	77.5**

Paired sample t-test: * p<0.05 **p<0.01

Youth Participants' Program Experience

As has been reflected in the qualitative questions and focus groups, youth who participated in the 4Me! Project reported a positive experience when asked about the lessons, materials, and environment in relation to bullying (see Tables 10 and 11). The vast majority (95.1 percent) thought the discussions or activities helped in learning the lessons at least most of the time and 94.2 percent felt the material was presented clearly most or all of the time. Finally, more than 85 percent of the youth claimed they were interested in the program sessions and classes most or all of the time.

Although nearly all (98.0 percent) of the participants claimed they felt respected, only 82.4 percent reported that they were never bullied during the program. It is interesting to note the position of the bullying question within the survey in relation to the surrounding questions. The question is fifth in a series of six in which youth are expected to respond to a likert scale. Whereas the favorable response for the bullying question would be "none of the time," the favorable response for all of the other questions would be "all of the time." It is possible that some participants did not read the question carefully and marked all of the time as they had in the previous questions. In fact, eight of the ten youth who claimed they had been bullied all of the time had selected "all of the time" for all six questions. Responses to other bullying questions show that fewer than 10 percent of any bullying during the program was because of a youth's sexual orientation or transgender or race or ethnic background.

Table 10: Program Lessons and Activities

	All of the Time / Most of the Time
Felt interest in program sessions and classes (n=103)	86.4%
Felt material was presented clearly (n=103)	94.2%
Discussions or activities helped youth learn the lessons (n=103)	95.1%
Felt respected as a person (n=102)	98.0%
Had a chance to ask questions (n=102)	90.2%

Note: These questions were new as of the Spring 2014 sessions.

Table 11: Bullying in Program

	None of the Time
Participant bullied while in program (n=102)	82.4%
Any youth bullied in program because sexual orientation or transgender (n=102)	91.2%
Any youth bullied in program because race or ethnic background (n=102)	93.1%

Note: These questions were new as of the Spring 2014 sessions.

Parent/Guardian Workshop Participants

The 4Me! Project has had 134 parents/guardians attend a workshop, which is on target for meeting the related process objective (see [Appendix](#)). The information for those who completed a consent form are included in the following analyses.

As seen in [Table 12](#), a large majority of workshop participants were female (84.4 percent) and almost three out of four were African-American. Approximately eight percent were Hispanic.

Gender (n=122)	Male	15.6%
	Female	84.4%
Race (n=116)	Black / African-American	74.1%
	White	20.7%
	Other	5.2%
Ethnicity (n=118)	Hispanic	7.6%

Conversations with Their Children

One of the parent workshop objectives was to encourage and empower parents/guardians to speak to their child(ren) about sex. This is an important objective given that youths' confidence in speaking with their parents was relatively lower than the other measures. At the time of the pre-test, parents/guardians were asked whether they had ever had a conversation with their child(ren) about sex. One-fourth of the respondents did not answer this question.² Eight out of 10 parents who answered the question claimed to have had at least one conversation about sex with their child. At follow-up, more than nine out of 10 parents/guardians (91.5 percent) reported that they had spoken with their child(ren) about sex and 87.0 percent had at least one conversation within the past three months. Most of the parents/guardians who spoke with their child about sex within the past three months at follow-up had one to four conversations.

In addition to actual conversations parents have had with their child(ren), parents were asked to report their level of confidence on a scale of zero to 10 in having discussions about sex with their children under a variety of circumstances (zero indicating no confidence and 10 indicating highly confident). Resulting self-efficacy scores could range from zero to 90. As seen in [Table 13](#), the parents as a group were quite confident at the time of the pre-test survey with averages between 7.6 and 8.5 on individual measures and an average overall score of 72.4. The overall self-efficacy score increased after the workshop to 77.6, which was statistically higher than the pre-test average. One can also see that parents' confidence remained relatively stable at the time of the follow-up with the average overall total decreasing by less than one point. A paired sample t-test could not be performed with the follow-up surveys because identifying information was not collected and therefore, could not be paired with pre- or post-test surveys.

² The low response rate was possibly due to the placement of the question: it was too close to the document header and the next set of questions were more prominent. Subsequently the question was lowered in an attempt to make it more visible to participants and the response rate has been higher since.

Table 13: Parents’/Guardians’ Self-Efficacy to Discuss Sex with Their Child(ren)

	Pre-Test Average (n=117)	Post-Test Average (n=117)	Follow-up Average (n=79)
When child(ren):			
is suspicious of sudden interest to talk about sex	8.3	8.8*	8.7
fears a lecture	7.6	8.4**	8.2
doubts you understand	8.0	8.6**	8.2
fears punishment	8.1	8.5*	8.7
thinks you are invading his/her privacy	7.9	8.6**	8.7
thinks you don’t trust him/her	8.1	8.8**	8.5
thinks he/she knows everything	8.5	9.0**	9.0
thinks you are not open-minded	8.1	8.6**	8.6
doesn’t want to talk to you	7.9	8.4*	8.5
OVERALL SCORE (0-90)	72.4	77.6**	76.9

Paired sample t-test: * p<0.05 **p<0.01 – Only conducted with pre- and post-tests.

Lastly, parents were asked on each survey the likelihood that they would discuss sex with their child and provide protection and/or birth control to their child if asked. Almost nine out of 10 parents (87.3 percent) reported at pre- test that it was somewhat or very likely they would give their child(ren) condoms or other birth control (see Table 14). The percentage increased to 92.4 percent at post-test, which was statistically significant. Interestingly, the percentage decreased to 87.7 percent at follow-up, similar to the pre-test responses.

It is not surprising, given the high percentage of parents who reported discussing sex with their child, to find that a vast majority of parents believed such discussions were somewhat or very likely to occur. The percentage of participants who thought it was likely they would have a conversation with their child increased significantly from 94.9 percent to 99.1 percent between the pre- and post-test surveys. The percentage decreased at the follow-up to 95.1 percent, similar to the pre-test survey results. A Wilcoxon test could not be performed with the follow-up survey results to determine if the decreases were significant because identifying information was not collected.

Table 14: Parents'/Guardians' (Very or Somewhat Likely)

	Pre-Test	Post-Test	Follow-up
Provide their child(ren) with protection (condoms) and/or birth control if he/she asked for it	87.3% (n=118)	92.4%* (n=118)	87.7% (n=81)
Discuss sex with their child(ren)	94.9% (n=117)	99.1%** (n=117)	95.1% (n=82)

Wilcoxon: * $p < 0.05$ ** $p < 0.01$ – Only conducted with pre- and post-tests

Sexual Health Knowledge

In addition to fostering dialogue between parents/guardians and their children, the parent workshop was designed to provide parents/guardians with accurate information regarding STIs, HIV, and contraceptive methods. The knowledge and dispelled misinformation gleaned from the workshop can not only be applied in their personal lives, but the parents are equipped to reinforce, at home, the information that was taught to the youth during their sessions.

Two series of questions pertaining to such sexual health knowledge were included in the pre- and post-test surveys to measure whether knowledge was gained after attending the workshop; one set of questions asked how much parents thought they knew (everything, a lot, a little, or nothing) and the other set asked how much they agreed with particular statements. As seen in [Table 15](#), a large majority of participants believed they were well informed with up-to-date information on STIs as well as HIV/AIDS prior to the workshop. Overall, participants also thought they knew a lot or everything about male condoms, birth control pills, and the withdrawal method. They were less confident in their knowledge of the natural planning method and Depo-Provera or other injectable birth control.

The percentage of participants who believed they knew a lot or everything at the time of the post-test increased for each question and all were statistically significant at the 99 confidence level ($p < 0.01$). It is clear from the post-test survey results that the parents as a group thought that they were knowledgeable and had gained information from the workshop.

Table 15: Parents’/Guardians’ Knowledge of STIs, HIV, and Contraception (Know Everything or Know A Lot)

	Pre-Test	Post-Test
Up-to-date information on STIs / STDs (n=117)	79.5%	98.3%**
Up-to-date information on HIV / AIDS (n=117)	76.1%	94.1%**
Male condoms (n=116)	88.0%	96.5%**
Natural family planning methods (i.e. “safe” time of the month / rhythm method) (n=112)	67.0%	86.6%**
Withdrawal / pulling out (n=116)	79.3%	91.4%**
Birth control pill (n=117)	85.5%	91.5%**
Depo-Provera / any injectable birth control (n=118)	69.5%	86.4%**

Wilcoxon: * p<0.05 **p<0.01

The other series of questions examined parents’ knowledge gain more directly. The surveys included a series of statements in which parents recorded their level of agreement. The statements were written so that only a (strongly or somewhat) agree or (strongly or somewhat) disagree response would be accurate. Overall, the participants gained some knowledge as measured by the surveys. The percentages increased between pre- and post-test surveys for most of the questions, but only two of the increases were statistically significant (see [Tables 16](#) and [17](#)). Those that were significant included knowledge that latex condoms can help protect people from contracting HIV and you cannot get AIDS by kissing someone who has it. A lack of knowledge gained is also reflected in the failure to meet two of the grant short-term outcomes: 60 percent of the parent participants will increase knowledge in STIs and HIV and 60 percent will increase knowledge about current contraceptive methods (see [Appendix](#)).

It is interesting to note some discrepancy between what parents believe they know about STIs and HIV and what they actually understand. Virtually all believed they knew a lot or everything about STIs and HIV after attending the workshop, but only 58.9 percent agreed on the post-test survey that some STIs are passed through skin-on-skin contact and 76.1 percent agreed that latex condoms can help protect against HIV.

Table 16: Parents'/Guardians' Knowledge of STIs, HIV, and Contraception (Strongly or Somewhat Agree)

	Pre-Test	Post-Test
Some STIs are passed through skin-on-skin contact. (n=112)	50.9%	58.9%
Latex condoms can help protect you from getting HIV. (n=117)	60.7%	76.1%**

Wilcoxon: * p<0.05 **p<0.01

Table 17: Parents'/Guardians' Knowledge of STIs, HIV, and Contraception (Strongly or Somewhat Disagree)

	Pre-Test	Post-Test
You can get AIDS by kissing someone who has it. (n=114)	73.7%	81.5%*
All people who have HIV look sick. (n=118)	97.4%	94.9%
Someone with a Sexually Transmitted Infection (STI) always has obvious symptoms. (n=118)	80.5%	86.4%

Wilcoxon: * p<0.05 **p<0.01

Agency and Partner Staff

Another component of the 4Me! Project grant includes trainings offered throughout the year to partner agency staff as well as other local agencies serving youth. The trainings pertain to a variety of topics including positive youth development, Adverse Childhood Experiences (ACE), lesbian, gay, bisexual, transgender and questioning (LGBTQ) sensitivity, and anti-bullying. Nine staff trainings have been provided up through December 2014. As seen in [Table 18](#), attendance ranged widely between eight to over 60 staff members.

At each training, attendees were administered pre- and post-test surveys to measure their knowledge gained. It is encouraging to note that although the short-term outcome that 90 percent of trained staff would gain knowledge (see [Appendix](#)) was only obtained at one of the trainings (the second ACE training), all of the average post-test scores were 0.5 to 2.7 points higher than the pre-test score averages.

Table 18: Agency Training Pre- and Post-test Score Averages

	Pre-Test Average	Post-Test Average	Percent Increased at Post-Test
Anti-bullying	6.0 (n=11)	8.0 (n=10)	*
Adverse Childhood Experiences (ACE) (n = 62)	7.5	8.2	53.0% (n= 60)
LGBT Safe Space (n= 18)	6.6	8.2	72.0% (n = 18)
Cyberbullying (n = 8)	6.8	8.9	88.0% (n = 8)
Youth Development and Sexuality (n=25)	4.7	7.4	84.0% (n= 25)
Adverse Childhood Experiences (ACE) (n=13)	8.3	10.0	100.0% (n= 9)
LGBT Safe Space (n= 10)	8.1	8.6	62.5% (n=8)
Adverse Childhood Experiences 102 (n=9)	6.3	8.0	77.8% (n=9)
Bullying Prevention for Young People (n=11)	6.4	7.7	72.7% (n=11)

Note: Possible scores for each survey ranged from 0 to 10. Percent increased does not include those who scored 10 on the pre-test.

*** Anti-bullying surveys were not matched.**

In addition to pre- post-test surveys, an online survey was sent to all attendees 30 days after each training to determine whether any best practices taught during the training were being implemented at the agencies. Despite emailed reminders, the response rate for these surveys is roughly half of the training participants. Overall, nearly three out of four (74.0 percent) of the survey respondents reported implementing at least one new practice (see [Table 19](#)). This is encouraging as the intermediate outcome of 75 percent was reached for five of the nine trainings and just shy overall.

Table 19: Practices Learned at Trainings Implemented at 30-Day Follow-Up (based on survey respondents)	
	Percent
Anti-bullying (n=7)	42.9%
Adverse Childhood Experiences (ACE) (n=30)	70.0%
LGBT Safe Space (n=4)	75.0%
Cyberbullying (n=6)	83.3%
Youth Development and Sexuality (n= 7)	85.7%
Adverse Childhood Experiences (ACE) (n= 5)	60.0%
LGBT Safe Space (n=5)	60.0%
Adverse Childhood Experiences 102 (n=6)	100.0%
Bullying Prevention for Young People (n=7)	100.0%
Total (n= 77)	74.0%

The agency follow-up survey provided an opportunity for participants to enter information regarding any practices they have implemented or plan to implement. Following are some representative comments from the two trainings conducted since the mid-year report.

Following are some comments regarding best practices implemented:

Adverse Childhood Experiences 102

- I have made it a personal goal to develop a plan for work-life balance and to put a schedule in place to assure adequate sleep during the work week.
- My agency has started a yoga at lunch program. It's in its infancy but there plans to get it energized.

Bullying Prevention for Young People

- Screened the documentary "Bully" to the teen participants at the Teen Health Center and discussed what bystanders can do to help.
- Providing youth and their parents with bullying hotline information and bullying resource information and encouraging them to report all incidents of bullying.
- Having open discussions with our Teen Leadership Council members about bullying and providing info as learned from the Bullying Prevention training to our TLC and our teen parents on prevention, reporting and by stander empowerment.
- We have implemented a program called a Positive Action Program.

Following are some comments regarding future plans to implement practices:

Adverse Childhood Experiences 102

- Advocacy, referrals, and information to address ACEs.
- The 3C's and Adequate Sleep

Bullying Prevention for Young People

- We plan to include educational materials and discussion on Bullying prevention at our Healthy Start parent day events and community events.
- Continued education, enforcement of bullying prevention policies

Perceptions of the Program

Youth Participants

At the end of the follow-up survey, youth participants were asked open-ended questions to identify what they liked best about the 4Me! Project and to express any suggestions for improving the program. The following are some more recent quotes of what they liked best:

- I like that it gives me an opportunity to freely talk about topics like teen health and sexual awareness with my peers. I also like how I can have a big part in the things we do and make new discoveries.
- Learning more about how to protect myself when I do get ready to have sex.
- I liked the fact that I felt very comfortable to express my feelings and past/knowledge. Also the activities and projects were great and fun!
- What I liked best about the 4Me program is that they taught me a lot and we had fun while learning.
- It wasn't awkward like most sexual education classes.
- Everything!

More than one-third of the youth who responded to the question regarding program improvements said the program was good and/or they did not have any suggestions. Some recent suggestions offered included:

- More videos and longer meetings.
- Possibly more outside experiences. More hands on activities.
- To spread the word about the program. A thing that could help is if they were to have more people talk to us about future and college.
- More fun activities.

In addition to the open-ended questions on the follow-up survey, CCI staff conducted two focus groups with youth at two different program sites. Most, if not all, of the youth had participated in the Fall 2014 sessions. Some of the youth were members of a Teen Leadership Council.

Youth reported hearing about 4Me! from close or related individuals ranging from moms to grandparents, and family friends. Some mentioned being asked to join by a facilitator as well. Most individuals were interested in learning from the program even if they did not sign up themselves.

The youth seem to be learning a lot of information in the sessions and were open to a new way to learn than from an “awkward sex ED class” at school as one participant stated. While youth have heard some of the information before, they believed they learned more in the 4Me! Project. When asked to what extent the program taught them about abstinence and safe sex, the youth discussed the importance of being safe and to “stay protected,” specifically using condoms properly. Youth agreed that the development of a life plan was a tool to set and achieve goals in the future.

Overall, the youth believed 4Me! was important and they were satisfied with the program. As a youth participant explained, “It was helpful, and gave a way to look at “it” more seriously.” Another youth stated, “I like how it taught instead of lectured.” Some individuals thought that participating in the program helped them and could be beneficial to others they know because they felt they could not discuss these topics with their parents. Having someone other than their own parent to talk with was mentioned multiple times as a positive experience to the individuals.

Youth participants were asked what they liked best and least about the program. A chance to be involved with activities was a constant mention for “liked best.” Participants were greatly excited about activities that were in different shapes and forms. Examples ranged from the booths, to roleplaying, conversations with peers, along with true and false games. They thought the material was interesting with games and activities and enjoyed the chance to come up with some of the activities.

Although participants found the safe sex information valuable and informative, some also believed that parts of the curriculum were too explicit or detailed. A number of youth agreed that the hands-on-experience with condoms was uncomfortable. One youth described, “Putting condom on Styrofoam was uncomfortable and weird.” While they found it uncomfortable, they thought it was important information for the future. During the discussion of what they liked least, one group was asked specifically about the surveys. The general perception conveyed was that the surveys asked too many questions and were more aimed at sexually active youth.

Youth participants identified a variety of ways to make 4Me! better, but there was no general consensus among the responses. Suggestions included extending the classes in time and sessions, providing a guest speaker, including more real life situations, as well as spending more time on topics. Youth reported overwhelmingly that they would recommend 4Me! to their friends. In fact, some had already told their friends about the program.

Parent/Guardian Workshop Participants

Like the youth participants, parents were afforded the opportunity to express what they liked best about the program and any suggestions at the end of the post-test survey. Following are some quotes taken from surveys of more recent workshops:

- Glad to have someone other than me reiterate about sexuality.
- It provided information from the overall stand point of what's out there, and not just what the parent says to be true.
- Friendly staff. They really love the kids and care.
- It was very informational. Talked about things I didn't know existed.
- More information on how to talk to my child.
- ...The pictures and having the children role play was an excellent idea.

Approximately half of the parents who responded to the open-ended question regarding program improvements expressed their satisfaction with the program and/or had no suggestions to offer. Some quotes from more recent follow-up surveys included:

- Maybe a little longer with the course and more on the HIV/AIDS.
- More health awareness.

CCI staff also conducted one focus groups at a site with parents and guardians who had attended a parent workshop during the Fall sessions.

Parents tended to hear about the 4Me! Project from the partner program or through their child's participation. When asked why they supported their child's participation in the program, parents acknowledged the positive aspect of learning comprehensive sex education and believed it would help children teach their peers.

Overall, the parents did not believe they had learned much about STIs, HIV and contraception from attending the workshops. As one parent explained the, [the program] "reinforced a lot, but nothing really new." Another parent mentioned that "we never had to deal with that stuff," referring to STI's.

Although parents stated they already had confidence to talk to their children before the program, a number stated that they were not sure if their child was sexually active and hoped they were paying attention to the program. Importance of the program ranked high for the parents as it was seen as a chance to educate the youth and bring awareness.

Parents were very satisfied with the program and identified a number of aspects they liked best. Some parents simply liked that their children were receiving comprehensive sex education. Other parents liked the way the material is presented to the youth and being a “safe environment to talk” for them. A few enjoyed the opportunity for their child to be taught how to be a leader. All of the parents would recommend the program to other parents, stating it did an “exceptional job reaching out to youth.”

While the parents were generally satisfied with the program, they offered some suggestions on how to improve it. Overall the parents thought there was too much information in too little time. One individual stated they simply “don’t like the one day blitz.” There was consensus of the amount of segments being too little and everyone agreed on adding verbal testimonies of peers for the youth to relate to would be good. There were some complaints about inconvenient hours. They also suggested adding more overall health lessons such as smoking. A few parents wished that younger children, starting at nine, could attend as well and mentioned maybe adding different levels. Parents, like the youth, felt school systems were not teaching enough in sexual educational classes.

Partner Staff

CCI staff conducted a focus group with eight partner staff (facilitators, site coordinators, and administrators) in order to get their perspective of the 4Me! Project. They were asked a series of questions focused on the recruitment and implementation of the program.

First, partner staff were asked about their thoughts on the effectiveness of the youth sessions and parent workshops. There was general agreement among the partner staff that the program is effective in increasing youth’s knowledge and self-efficacy regarding sexual behavior despite the time constraints. “Educational content is good as long as framed by facilitator,” explained one partner staff member. Staff did not necessarily think parents were taught anything “new,” but believed the parent workshops were an opportunity for parents to ask more detailed questions. While the degree varied, staff thought the parents’ confidence in communicating with their children about sex had increased after attending the workshop.

Partner staff identified a number of challenges they have faced in implementing the program and fulfilling the program objectives. These challenges included logistics of parent workshops, limited time after school to implement the program, getting people to answer surveys after the

trainings, logistics between co-facilitators, and that “outside facilitators don’t match the passion level.”

One partner staff had challenges in selecting TLC members. The staff member stated, “Having [Healthy Start Coalition] staff pick TLC members without meeting them based only on application [has been a challenge]. But if only five apply who are you going to allow?” The question was raised whether or not the number of participants could be raised at one site and lowered at another.

Though only a couple had attended an agency training, the partner staff thought the trainings offered to date have been “good” and “very helpful.” The staff attending trainings have been able to take “a couple of things away” and used them to stimulate talk among the students.

Sites have had mixed success in recruiting youth and parents. One staff member explained that is was really hard due to the sex talk adverse culture in the community. A partner at another site found it quite easy and had “lots” of youth. While a site at an apartment complex has found it relatively easy getting parents to attend workshops, a staff member explained, parent participation at “after school programs are tough.” Successful recruitment strategies have included holding workshops in the community, using flyers and advertisements, reaching out to connections and partners, and explaining the program at a pre-meeting.

Incentives such as tablets and field trips worked in getting youth to the program, while the cameras were not as useful. “Incentive gets them in, but that’s not why they stay,” explained one partner. While partner staff agreed that incentives were successful, some identified issues with the incentives. Staff wanted more discretion with the incentives. For instance, the ability to purchase food would be helpful in recruiting parents. Incentives are also “tough on facilitators” because people complain. One staff also had concerns that the money for youth in TLC was too much. Another partner staff agreed that the money was excessive for some TLC youth, but perfect for others.

One of the grant activities is to connect youth and their families to other social services, although offering referrals and collecting the subsequent data have been ancillary. When asked about the need to make referrals, the partner staff expressed that there had not been any needs thus far.

Their primary concerns in regards to data collection were related to the survey questions. The partner staff believed some questions are worded awkwardly, above some of the youth’s literacy level, and not designed for gay youth.

Partner staff found the Healthy Start Coalition staff to be accessible and helpful with questions. One partner stated, “Communication has been good.” While staff were satisfied with the relationship between program and partner staff, they had suggestions that might assist facilitators. Suggestions included facilitators shadowing another facilitator and developing a facilitator FAQ. Some felt the facilitator conference calls were “too much” and recommended streamlining them or holding them less frequently. It was also suggested providing more “theory training” during the facilitator calls. In other words, information on why they teach the particular curriculum would be helpful.

Most partner staff believed that the 4Me! program was making a positive difference within their immediate communities, even if it was a small impact. As one partner described, “No waves yet, but ripples.” “Very positive impact with ripple effects,” stated another. Partner staff from one site believed there had been no difference at all. The partners thought that some participants view the 4Me! Project as “good” while others just want the incentives.

When asked what they liked best about the program, partner staff identified teaching sexual education with a comprehensive curriculum and engaging youth and parents. A partner explained, “When you get the group of kids who are excited, want to learn, tell friends, and change behaviors.” Challenging gender norms was also identified by partner staff. Least favorite aspects of the program included recruitment and disengaged youth and parents. Partner staff suggested allowing for larger groups of youth and changing the branding to be more appealing; possibly having a TLC contest to improve the branding.

Summary

To date, the 4Me! Teen Health Project has completed four series of youth sessions and parent workshops. Many of the targets for the grant objectives and outcomes were met and some of the data analyses offer optimism that more targets are still attainable. Overall, sexual behaviors among the youth improved after program participation. For example, the percentages of sexually active youth always using a condom increased from the pre-test survey to the follow-up survey. Furthermore, a large majority of youth reported they would be more likely to use a condom and/or birth control in the future as a result of their program participation. Participants also claimed they were more likely to succeed in a number of general life skills after being in the program. In addition to behavior, sexual health knowledge and self-efficacy for sexual behavior increased significantly among the youth participants.

While the data indicate the youth are gaining knowledge and confidence from attending 4Me! sessions, it is less clear what parents are getting out of the workshops. A large majority of parents reported that they are talking to their children about sex prior to the workshop and as

one partner staff put it, “We’re preaching to the choir.” However, the percentage of parents speaking with their children increased at the follow-up and a large majority of parents reported having discussions after the workshop. As a group, parents’ self-efficacy for communicating with their children about sex increased significantly between the pre- and post-test surveys and remained relatively stable at the time of the follow-up. While parents believed they know everything or a lot about sexual health and this confidence increased after the workshop, it is not clear they are actually gaining knowledge as measured by the survey. Indeed, only two of the survey questions examining knowledge were statistically significant between the pre- and post-test surveys. However, this has improved over the course of the grant period as only one survey question was significant at this time last year.

More agency staff have been trained than anticipated and the goal for the entire grant period has almost been reached. As a group, the agency staff appear to be gaining knowledge from the trainings as the average pre- and post-test scores increased for each training. However, there are not enough attendees increasing their score to meet the training short-term outcome. The intermediate outcome of implementing best practices presented at the trainings was just one percent shy of the goal.

The 4Me! Teen Health Project staff and partners have been responsive to the evaluation and acknowledged areas where changes might be made to improve measured outcomes. For instance, additional materials that address sexual health knowledge were identified and utilized at subsequent sessions. Additionally, the training partners have met with the evaluation team to strategize on ways to improve knowledge gain and implementation of best practices among staff who attend trainings. Project staff also took some of the participants’ suggestions, including a parent session prior to the youth sessions.

Appendix

4 ME! TEEN HEALTH OUTCOMES AND OBJECTIVES PROGRESS REPORT

	Progress as of 12/31/2014	Objective by 12/31/2014
PROCESS OBJECTIVES		
Sex and HIV Prevention Education (Participants)		
1. By June 2015, provide comprehensive sex and HIV prevention education using the Teen Health Project model to 400 at-risk youth, ages 12-18, living in low-income housing communities or participating in partner programs.	273	267
Information and Skill Building (Parents)		
2. By June 2015, provide information and skill-building promoting parent-child communication to 175 parents of teen project participants.	134	117
Teen Participation in Leadership Councils (Participants)		
3. By June 2015, engage 150 teen participants in leadership councils established at each housing community and partner agency site.	108	100
Teen Health Resource Directory		
4. By January 2013, develop a Teen Health resource directory to facilitate referrals to adolescent health services and other services to meet identified needs of program participants and their families.	Yes	Yes
Sexual health education and information through text messaging (Participants)		
5. By June 2015, provide sex education and information to 1,000 teens through the BrdsNBz text messaging warmline.	573	667
Training (Project and agencies)		
6. By June 2015, annually train at least 50 staff (project, partner agency and other youth-serving agencies) in positive youth development, ACE, LGBTQ sensitivity, anti-bullying and related topics.	145	100

	Progress as of 12/31/2014	Objective by 12/31/2014
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SHORT-TERM OUTCOMES

Self-efficacy: sexual health behaviors (Participants)

1. At least 70% of participants will demonstrate increased self-efficacy for:		
a. Maintaining abstinence, if currently abstinent (n=83)	78.3%	70%
b. Condom use, if sexually active (n=8)	100.0%	70%
c. Obtaining information to avoid unplanned pregnancy (n=123)	81.3%	70%
d. Obtaining contraception (n=151)	66.9%	70%
e. Developing a life plan (n=93)	75.3%	70%

Awareness: BrdsNBz Text Information Line (Participants)

2. At least 80% of participants will demonstrate awareness of the BrdsNBz text information line. (n=219)	84.5%	80%
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Knowledge, Confidence (Parents)

3. At least 60% of participants will demonstrate:		
a. Increased knowledge about STIs and HIV (n=78)	47.4%	60%
b. Increased knowledge about current contraceptive methods (n=91)	54.9%	60%
c. Confidence in their ability to discuss sex with their child(ren) (n=84)	70.2%	60%

Knowledge (Staff)

4. 90% of staff trained will demonstrate increased knowledge related to positive youth development, ACE, LGBTQ sensitivity & anti-bullying	68.9%	90%
a. Adverse Childhood Experiences (n=60)	53.3%	90%
b. LGBT 101 Safe Space (n=18)	72.2%	90%
c. Cyberbullying (n=8)	87.5%	90%
d. Youth Development and Sexuality Education (n=25)	84.0%	90%
e. Adverse Childhood Experiences Trauma Informed Care (n=9)	100.0%	90%
f. LGBT 102 (n=8)	62.5%	90%
g. Adverse Childhood Experiences 102 (n=9)	77.8%	90%
h. Bullying Prevention for Young People (n=11)	72.7%	90%

*The pre- and post-test surveys from the first anti-bullying training were not matched. Therefore, they are not included above.

	Progress as of 12/31/2014	Objective by 12/31/2014
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INTERMEDIATE OUTCOMES

Sex and HIV Prevention Education (Participants)

1. 60% of teen participants who were abstinent while participating in Teen Health Project series, continue abstinent behavior (n=158)	95.6%	60%
2. 80% of teen participants who are sexually active will report using a condom every time they have sex (n=19)	57.9%	80%
3. At least 70% of teen participants who are sexually active will report using contraception (n=20)	85.0%	70%
4. At least 80% of teen participants will complete a life plan outlining personal goals (n=188)	66.0%	80%
5. At least 40% of teen participants or their families will access a needed community service as a result of a project referral (n=6)	100.0%	40%
6. At least 50% of teen participants will report using the BrdsNBz text information warmline (n=189)	27.0%	50%
7. Parents participating in a Teen Health Project parent workshop will report at least one conversation about sex with their children (n=77)	87.0%	60%
8. 75% of staff participating in project training will report implementing at least one new practice addressing positive youth development, ACE, LGBTQ sensitivity, anti-bullying or a related topic (n=77)	74.0%	75%