



# TAKE IT AND RUN WITH IT: THE COMMUNITY'S RESPONSE TO NEEDS ASSESSMENT

## **"WE ARE CHANGE" TEEN PREGNANCY PREVENTION INITIATIVE**

*Presented by:*

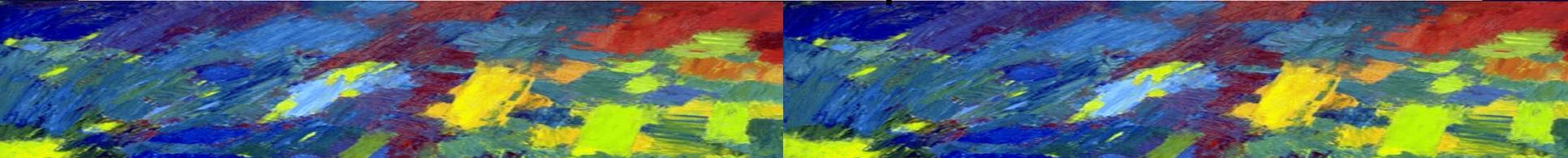
**Tekla Evans, MPH, PMP, CHES & Elandis Miller, MPH**

Third Annual Teen Pregnancy Prevention Grantee Conference \* National Harbor, MD \* May 20-22 2013

*Provided by Messages of Empowerment Productions, LLC in collaboration with the Georgia Campaign for Adolescent Power & Potential (GCAPP)*

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# TODAY'S AGENDA

**1.** “We are Change” TPPI & Community Needs Assessment

**2.** FAST Model

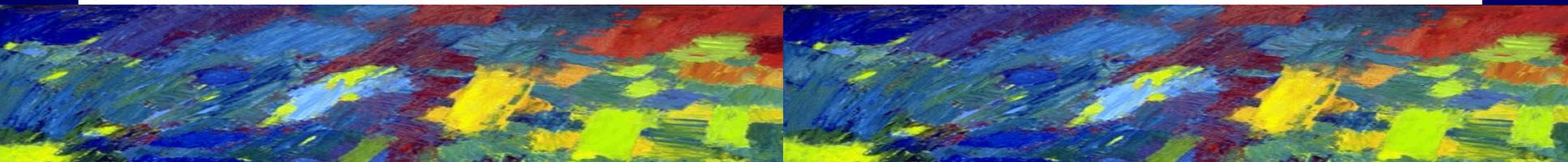
**3.** Recruitment and Data Collection

**4.** Data Reporting

**5.** Best Practices

**6.** Lessons Learned

**7.** Q & A





# BACKGROUND



RICHMOND COUNTY FOR A BRIGHTER FUTURE

# "WE ARE CHANGE" TPPI

Project funded by CDC and OAH to implement programs that have been proven to work to prevent teen pregnancies

Partnership with Richmond County Community to reduce teen pregnancies and births by **10%** in **5 years**

GCAPP partners with **17** organizations in Richmond County to reach this goal

First step in "doing what works" is to conduct a community needs assessment

# PARTNERSHIP: GCAPP & MESSAGES OF EMPOWERMENT

## WHO IS MESSAGES OF EMPOWERMENT?

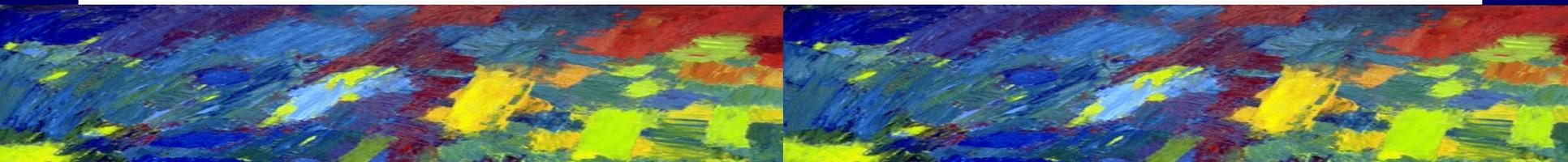
- ❖ “MOE Productions” is a program evaluation firm located in Atlanta, GA
- ❖ Founded by a black woman in 2005 who specializes in social and health issues in communities of color

## WHAT DO WE DO?

- ❖ program evaluation research
- ❖ social and behavioral interventions
- ❖ Organizational effectiveness
- ❖ Community engagement and knowledge dissemination

## WHY ARE WE HERE TODAY?

- ❖ To conduct a training on “How to conduct a community needs assessment”
- ❖ To explain the “data collection and monitoring” activities for the assessment

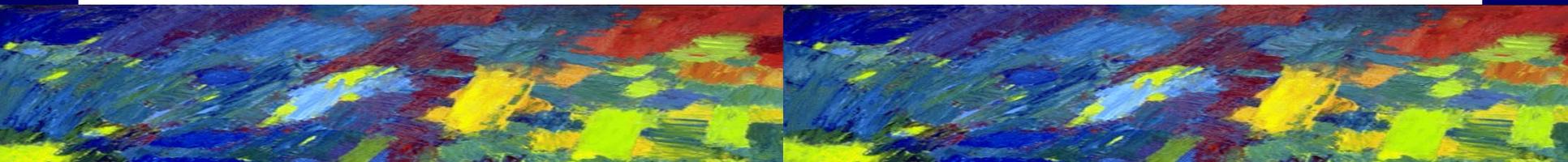


# COMMUNITY NEEDS ASSESSMENT

## WHY WE CONDUCTED A NEEDS ASSESSMENT IN RICHMOND COUNTY?

*To assess:*

- ❖ Teen pregnancy prevention needs in the community
- ❖ Explore existing community services and strengths
- ❖ Identify gaps in services and unmet needs among diverse groups of adolescents



# TEAM-MOE'S BRANDED APPROACH TO COMMUNITY NEEDS ASSESSMENTS

## *The "FAST" Model at a Glance*

**F** *rame the issue and select researchers*

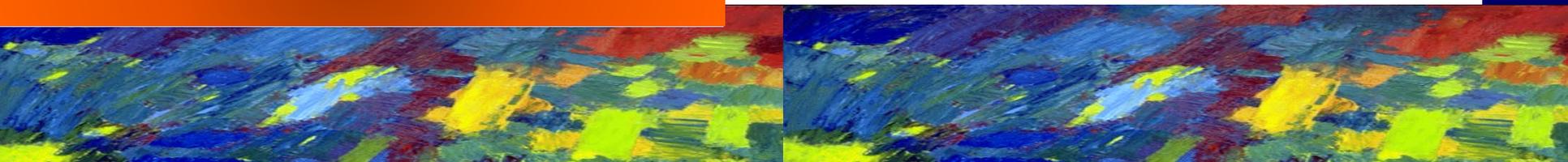
**A** *sk the right questions*

**S** *elect the right data sources*

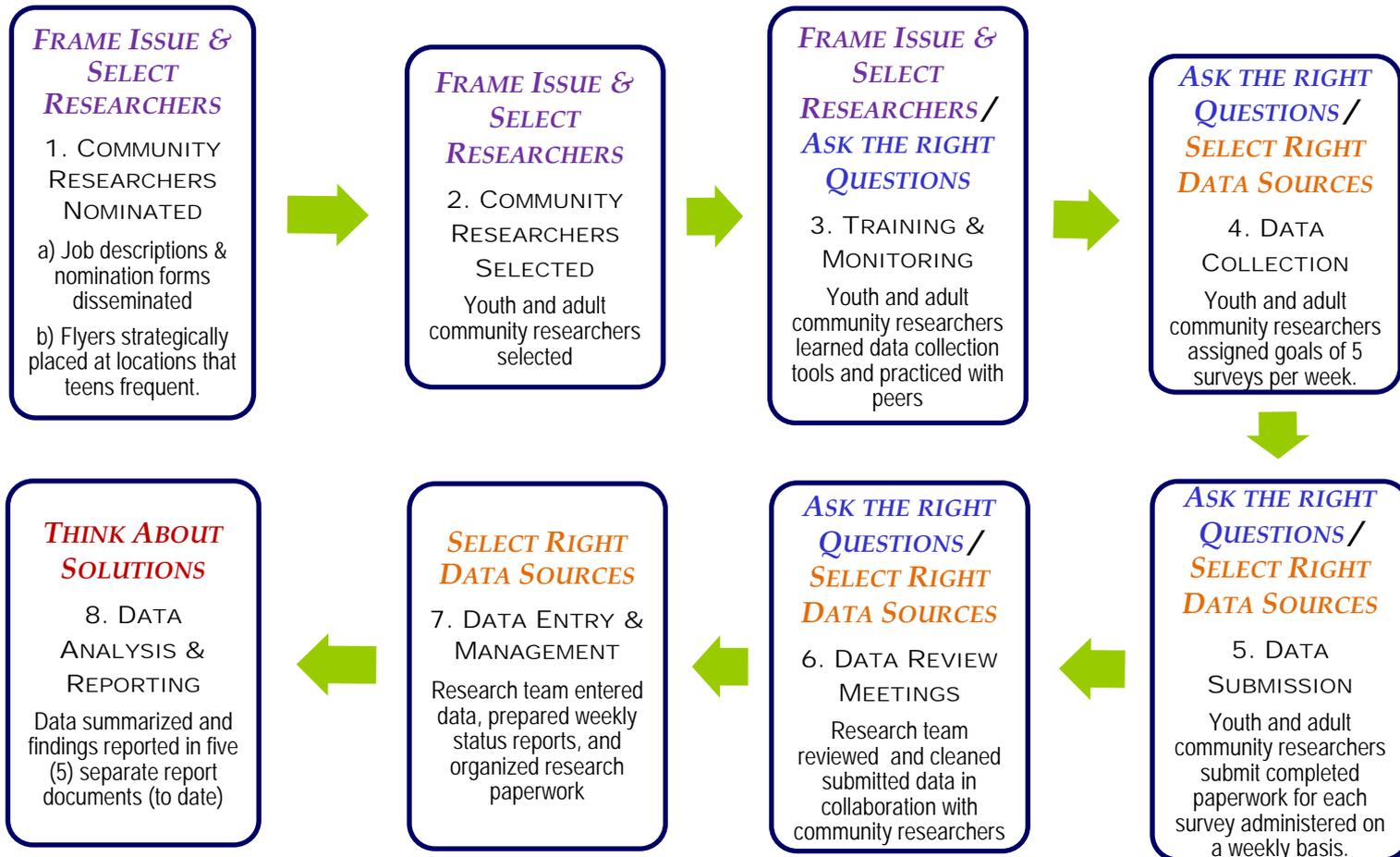
**T** *hink about solutions*

*The FAST model was conceptualized and created by Dr. Quinn Gentry as a way to empower advocates in the process of "assessing and addressing" unmet needs in their own communities. The model:*

- ❖ **Empowers** community members to think critically about social and health issues that impact their lives
- ❖ **Engages** community members in a structured manner in key components of data gathering and utilization
- ❖ **Exposes** community members to careers in public health and community research



# THE FAST MODEL IN PRACTICE





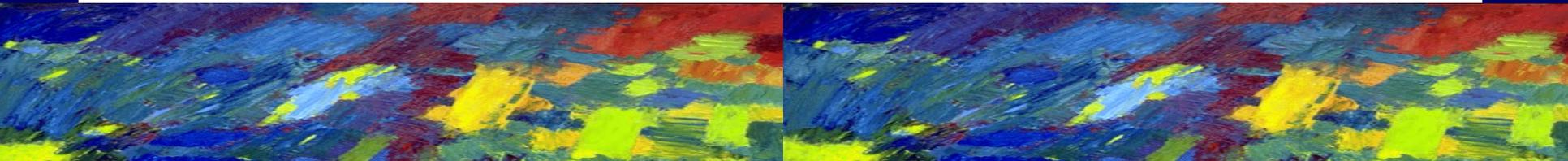
FAST : FRAME THE ISSUE  
& SELECT RESEARCHERS



RICHMOND COUNTY FOR A BRIGHTER FUTURE

# COMMUNITY RESEARCHERS

- Core partners from the Initiative nominated community members to serve as “Community Researchers”
- Each community researcher:
  - ❖ identified 40-50 individuals that fit the types of people we wanted to interview
  - ❖ was asked to complete 20 interviews among those identified
  - ❖ was compensated for getting the job done!
    - Training
    - Recruiting
    - Interviewing
    - Documenting



# RECRUITMENT

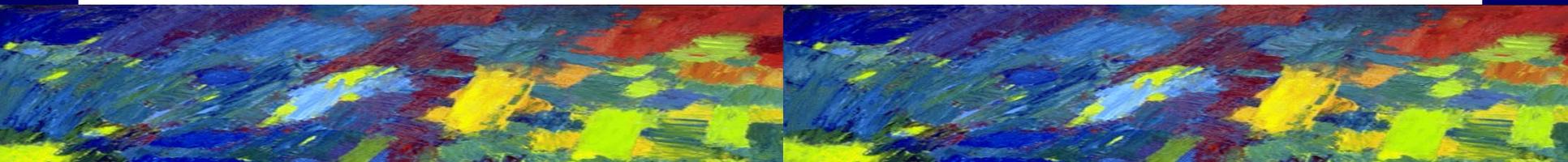
Youth and adult community researchers identified and recruited participants within priority populations.

**Youth** were divided into five sub-groups based on school status:

- attended school regularly
- did not attend school regularly
- obtained their education at an alternative education program
- associated with the Department of Juvenile Justice (DJJ)
- associated with the foster care system

**Caregivers** were also divided into five sub-groups:

- Parent(s)/guardian(s)
- Extended family members or friends serving as caregivers
- Foster parents
- Parents of youth associated with the DJJ
- Hispanic caregivers

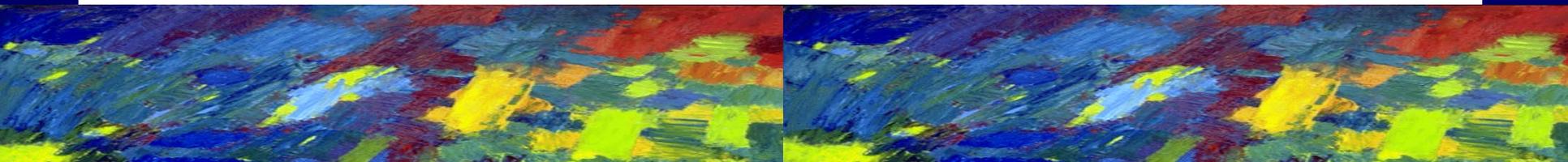


# RECRUITMENT

**Youth-serving organizations** (YSO) and **clinical partners** participating in the Initiative were asked to participate in the community needs assessment. There were 11 YSOs and five clinical partners enrolled in the Initiative at the time the assessment was being conducted.

Public school system is not affiliated with Initiative. To gain the school's perspective on teen pregnancy prevention efforts in the community, **school teachers and administrators** were asked to participate.

To gain the perspective of lawmakers, **elected officials** were invited to participated. Officers such as the mayor, local tax commissioners, and state representatives provided their points of view regarding the status of and efforts to address teen pregnancy.



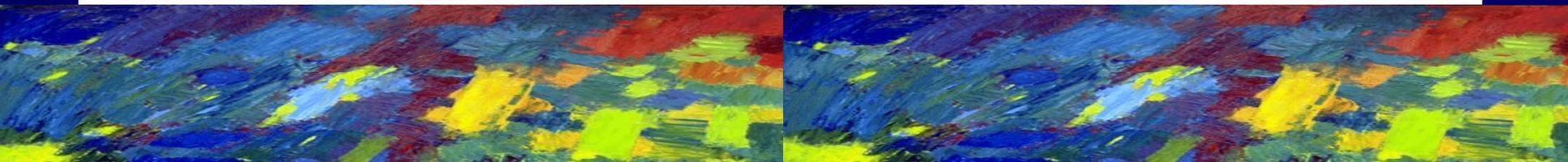
# RECRUITMENT

Community researchers assigned to **businesses** were given three different subgroups to target, based on the type of establishment:

- Entertainment businesses (i.e., bowling alleys, skating rinks, movie theaters)
- Fast food restaurants
- Shopping mall stores

Community Researchers assigned to **faith communities** were provided with a list of 30 target churches to ensure that various faith communities were included in the assessment. Researchers assigned to this priority population divided the list among themselves and recruited faith leaders.

**Local pharmacists** were asked to provide information on access to and willingness of pharmacists to dispense emergency contraception.





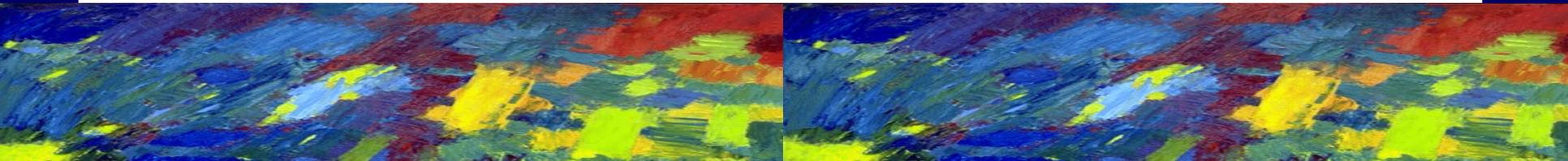
**FAST**: ASK THE RIGHT  
QUESTIONS



RICHMOND COUNTY FOR A BRIGHTER FUTURE

# SURVEY SELECTION

- ❖ Adapted the “resident research” approach, a proven methodology developed by **Philliber Research Associates** specifically for community-based research
- ❖ Tailored surveys to fit needs of Richmond County community
- ❖ Hallmark of approach is its involvement of community members in the data collection process.
- ❖ Community researchers helped administer the survey to caregivers and teens, youth-serving agencies, schools, faith communities, businesses, policy makers, and health clinics.
- ❖ Assisted in reviewing existing data sources to get a complete picture of teen pregnancy prevention assets and needs in the community, the services already provided to area teens, and the challenges teens face in accessing those services.





**FAST**: SELECT DATA  
SOURCES



RICHMOND COUNTY FOR A BRIGHTER FUTURE

# DATA COLLECTION & MANAGEMENT

To ensure rigor and streamline data collection, the research team conducted the assessment in three waves among **diverse stakeholders**.

For each wave, the research team employed unique data collection methods, research management plans, and survey monitoring processes specifically developed for the priority population

The waves were:

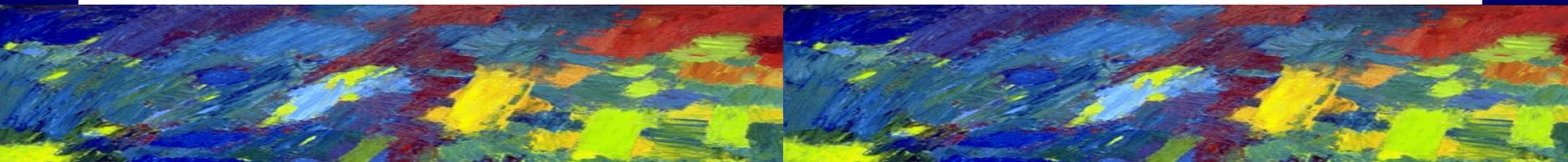
**WAVE 1:** Teens and caregivers

**WAVE 2:** Faith communities, businesses, and policy makers

**WAVE 3:** Youth-serving organizations, health clinics, and pharmacists

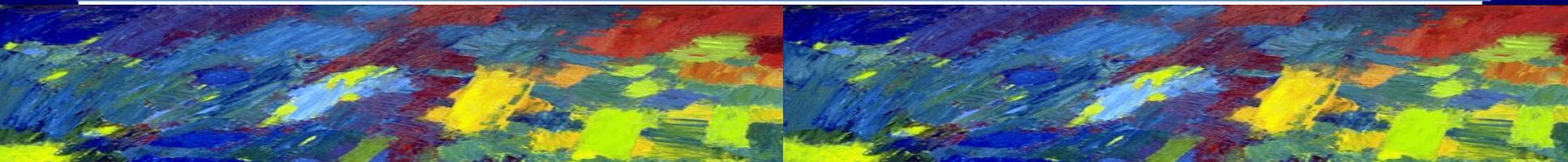
Completed data collection on **EIGHT** priority populations within  
three-month timeframe

Introduced **FIVE** reports for real-time utilization within  
one-month timeframe



# DATA COLLECTION & MANAGEMENT

COMMUNITY NEEDS ASSESSMENT DATA COLLECTION RESULTS	
PRIORITY POPULATIONS (GOALS)	ACTUAL
Youth (400)	426
Adults (400)	483
Businesses (20)	22
Faith Communities (20)	20
Elected Officials (10)	15
Youth-serving Organization Partners (11)	11
Clinical Partners (5)	5
Pharmacies (20)	20
<b>TOTAL</b>	<b>1,002</b>





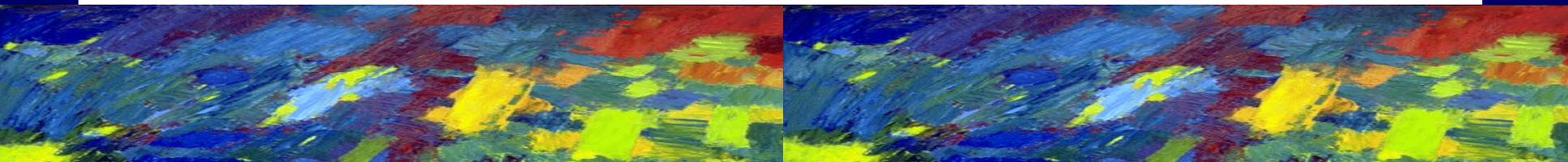
**FAST**: THINK ABOUT  
SOLUTIONS



RICHMOND COUNTY FOR A BRIGHTER FUTURE

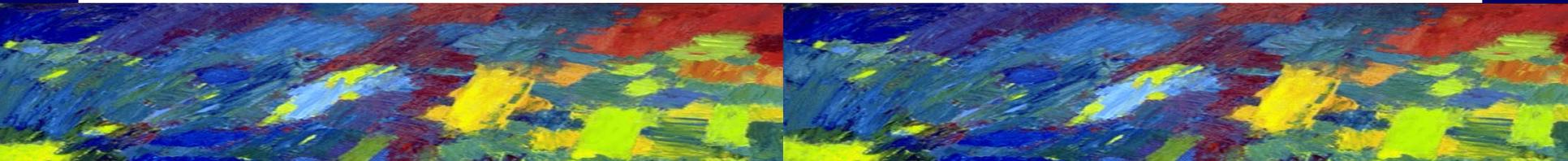
# DATA REPORTING & UTILIZATION

- ***Comprehensive Data Report.*** A comprehensive report that includes the data collection and management methods and results for key surveys administered to all eight (8) priority populations and summarized the quantitative and qualitative responses for all data.
- ***Within-Group Youth Comparative Analysis.*** This report examined varying responses among key demographic sub-categories: (1) age, (2) gender, (3) race/ethnicity, and (4) school status, findings of which assisted community partners in their selection of appropriate evidence-based curricula and clinical best practices.
- ***Comparative Analysis of Youth and Caregiver Responses.*** This presentation compared responses to similar questions among youth and adult surveys.



# DATA REPORTING & UTILIZATION

- ***Focus Group Discussion Report.*** This presentation summarized the “authentic voices” and perspectives of select youth and adults about the meaning and context of responses from sub-groups of participants recruited into the community needs assessment.
- ***Community Partner-Specific Fact Sheet.*** Fact sheets were generated to assist “We are Change” community partners in presenting data regarding the youth and adults they serve to their Board members and ultimately assisted them in selecting an evidence-based programming by identifying specific needs among their youth.



# DATA FINDINGS

## *Sexual Activity Among Teens*

N=426 Teens

### YOUTHS' REPORTS OF WHETHER OR NOT PEOPLE IN THEIR CIRCLE OF FRIENDS ARE HAVING SEX

No	Yes	Not Sure
45 (11%)	345 (81%)	36 (9%)

### YOUTHS' REPORTS OF AGE FRIENDS GENERALLY SAY THEY FIRST HAD SEXUAL INTERCOURSE

10	11	12	13	14	15	16	17	18	Don't know
1 (<1%)	7 (2%)	30 (10%)	51 (17%)	58 (19%)	70 (23%)	62 (20%)	16 (5%)	5 (2%)	7 (2%)

### YOUTHS' REPORTS OF WHETHER OR NOT FRIENDS EVER USE OR DO ANYTHING TO PROTECT AGAINST PREGNANCY

No	Yes	Not Sure
36 (9%)	290 (72%)	76 (19%)

# DATA FINDINGS

## *Contraception Use Among Teens*

N=426 Teens

### YOUTHS REPORTS OF FRIENDS' USE OF PROTECTION AGAINST PREGNANCY OR DISEASE

A little of the time	Some of the time	About half the time	Most of the time	Every time	Not sure
14 (5%)	29 (10%)	19 (7%)	73 (26%)	97 (34%)	52 (18%)

### YOUTHS' OPINIONS ABOUT HOW EASY IT IS FOR ADOLESCENTS TO GET CONDOMS IN THEIR COMMUNITY

Very easy	Pretty easy	Somewhat easy	Not easy at all
213 (50%)	116 (27%)	80 (19%)	15 (4%)

### YOUTHS' REPORTS OF WHERE THEY WENT TO GET BIRTH CONTROL

Clinic	Mall	Health Fair	Other
58 (55%)	2 (2%)	17 (16%)	33 (31%)

### OTHERS:

College Campus, County Fair, Friend, Friend House, Gym, Health Department, Home, Homeboy, Hospital, Library, May fest, Medical Office, Planned Parenthood, Rec. Dept., S&S, School, Sex Class at Serenity, Store, Target

# DATA FINDINGS

## *Attitudes about Sex & Contraception*

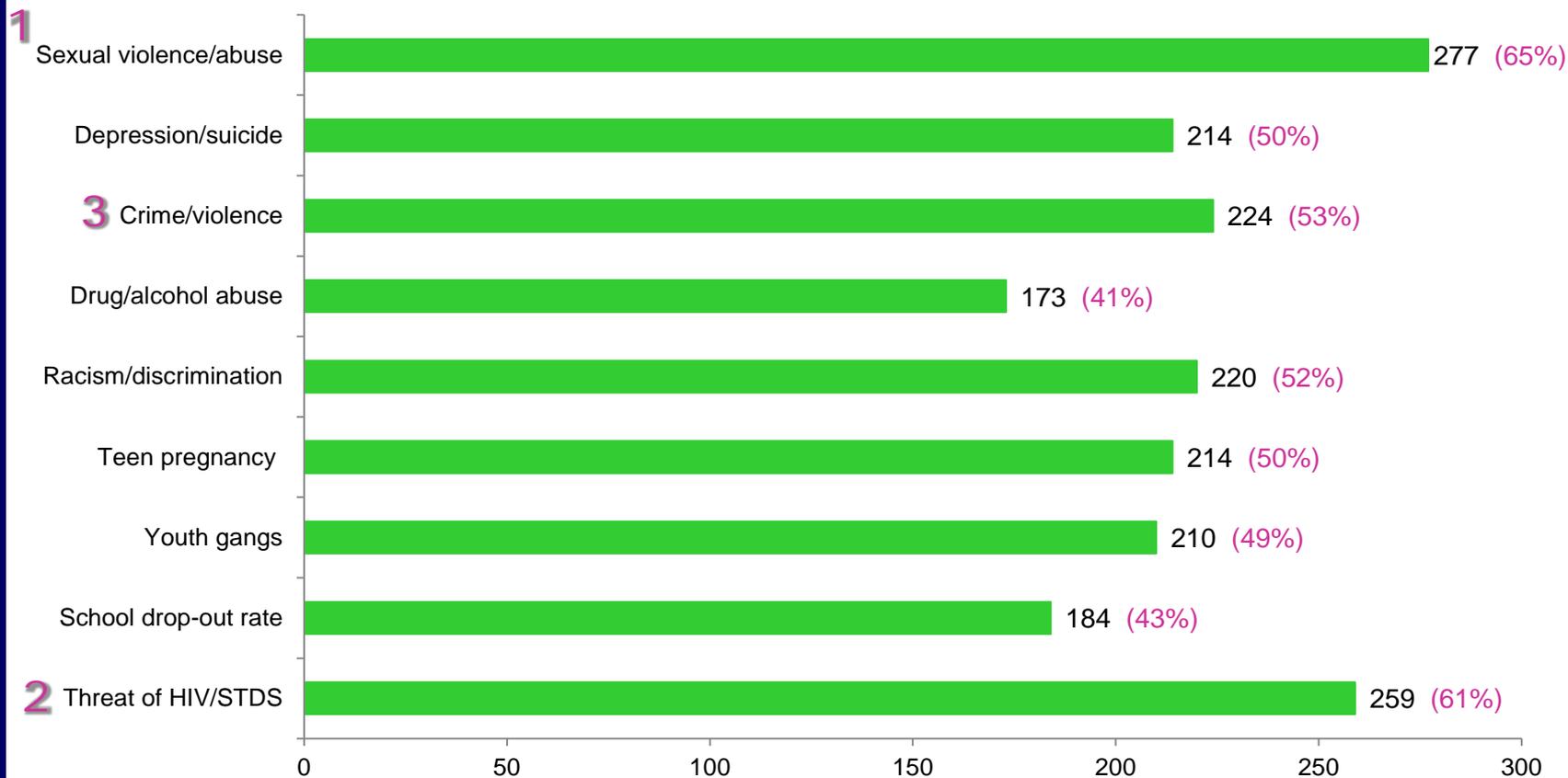
N=426 Teens

YOUTH'S FEELINGS ABOUT SEX-RELATED DECISION-MAKING					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No opinion / Don't Know
a) It's better to wait to have sex until you are out of high school.	<b>116</b> (27%)	<b>167</b> (39%)	<b>99</b> (23%)	<b>18</b> (4%)	<b>25</b> (6%)
b) Using birth control when you have sex is a lot of trouble and not worth it. (When we say birth control, we mean things like condoms, the Pill, shot, or other birth control methods.)	<b>25</b> (5.9%)	<b>60</b> (14.1%)	<b>151</b> (35.5%)	<b>160</b> (37.6%)	<b>29</b> (6.8%)
c) The best way for teens to protect themselves against pregnancy or disease is to use a condom every time they have sex.	<b>217</b> (51%)	<b>152</b> (36%)	<b>36</b> (9%)	<b>13</b> (3%)	<b>7</b> (2%)

# DATA FINDINGS

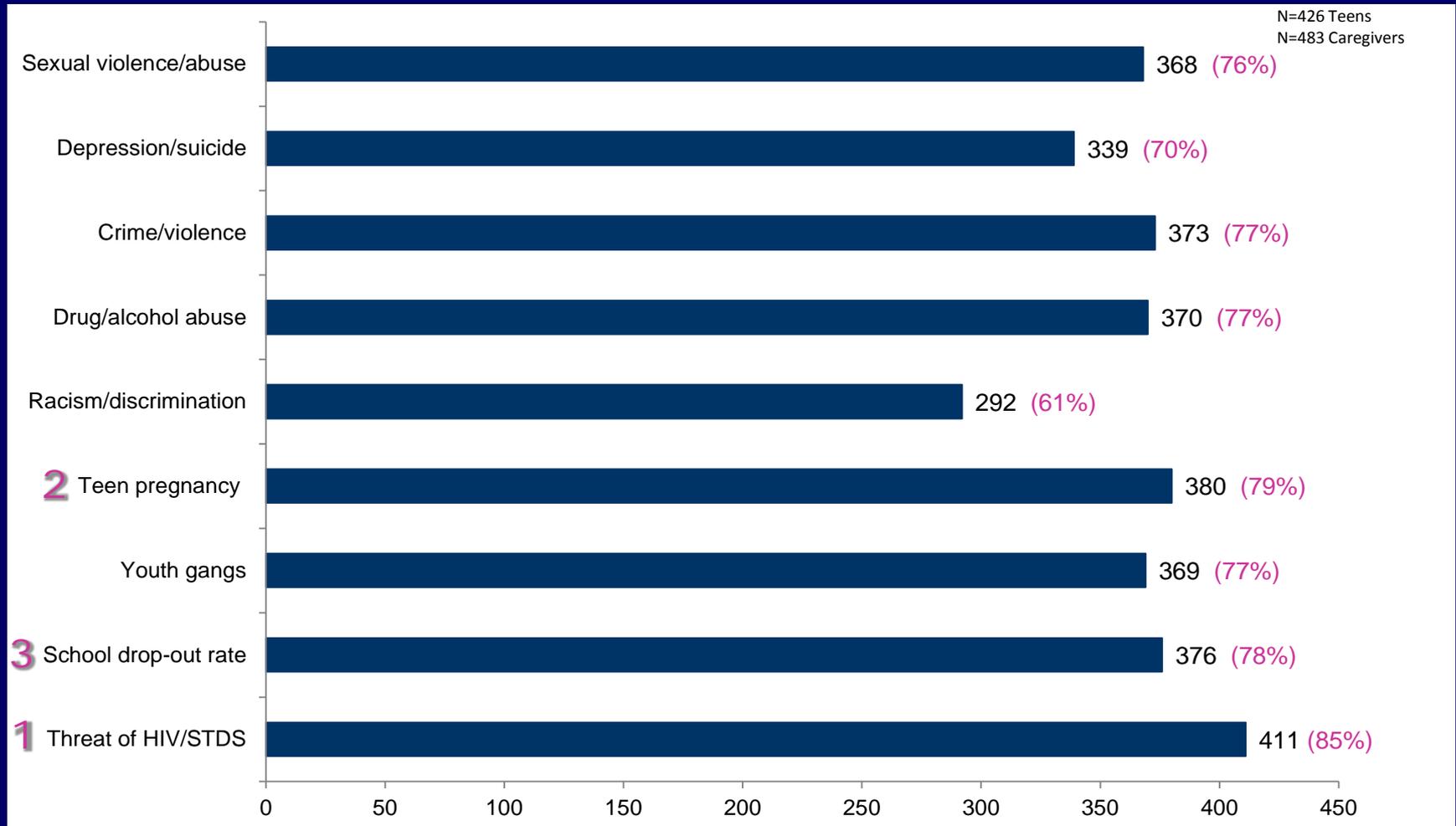
## *Issues that Teen Face*

N=426 Teens  
N=483 Caregivers



# DATA FINDINGS

## *Issues that Teen Face*

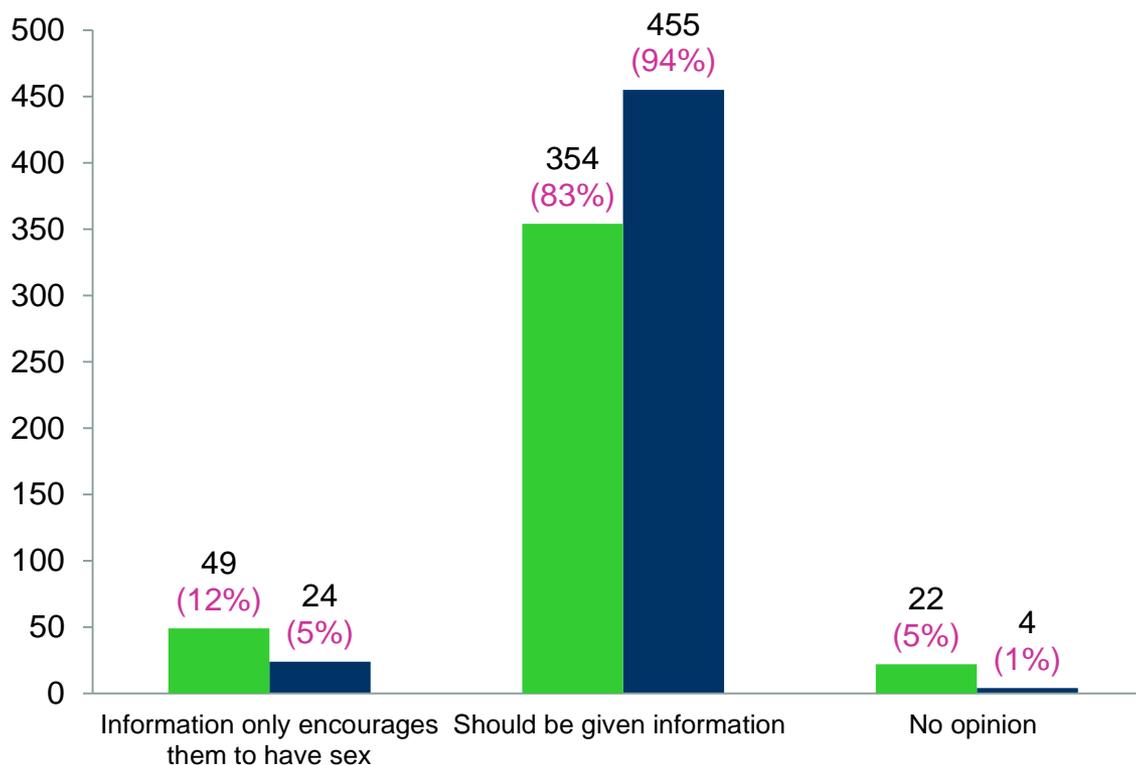


# DATA FINDINGS

## *Teen Pregnancy Issues*

- Perceptions about providing information to teens (Teens)
- Perceptions about providing information to teens (Caregivers)

N=426 Teens  
N=483 Caregivers

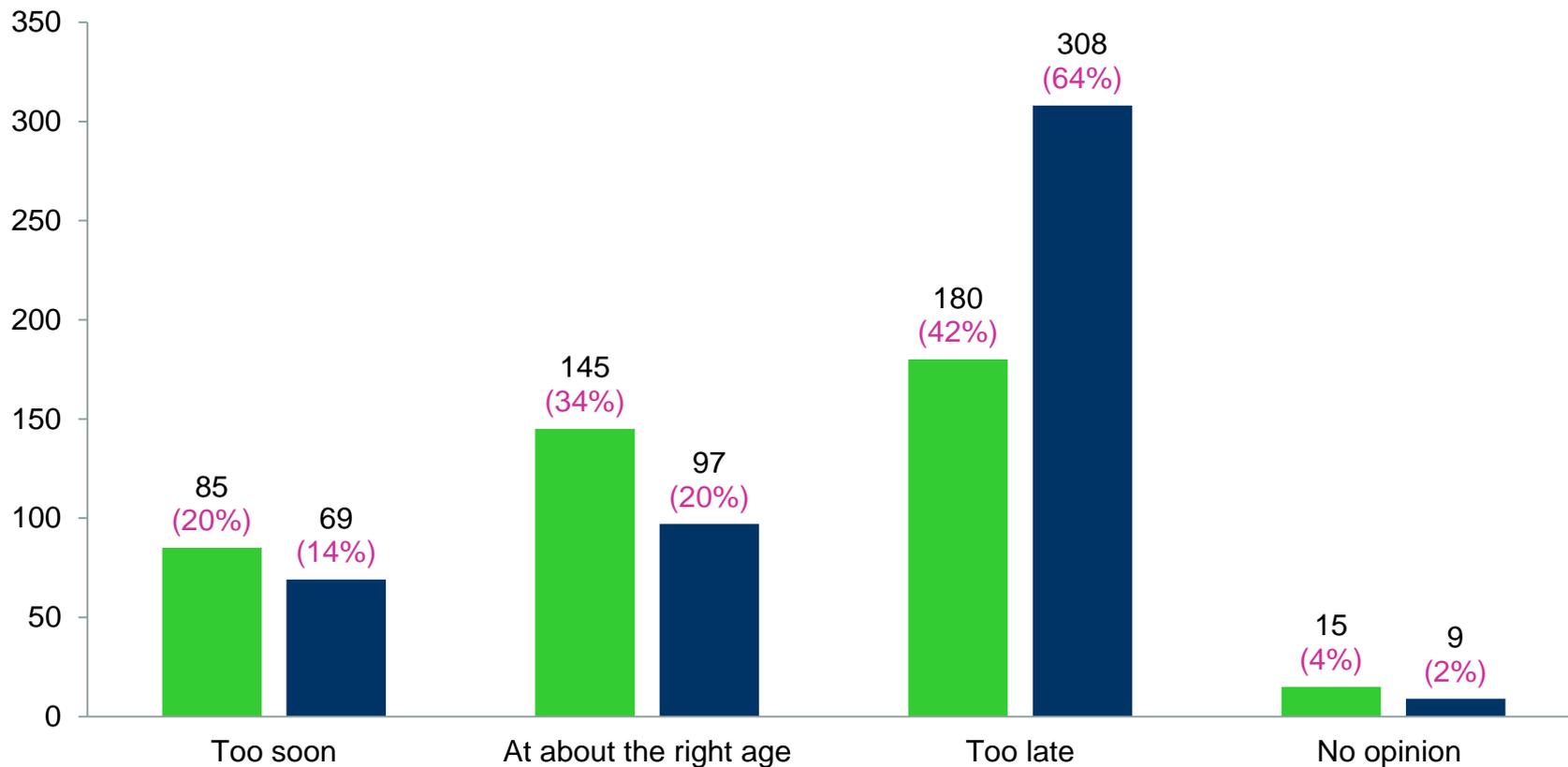


# DATA FINDINGS

## *Teen Pregnancy Issues*

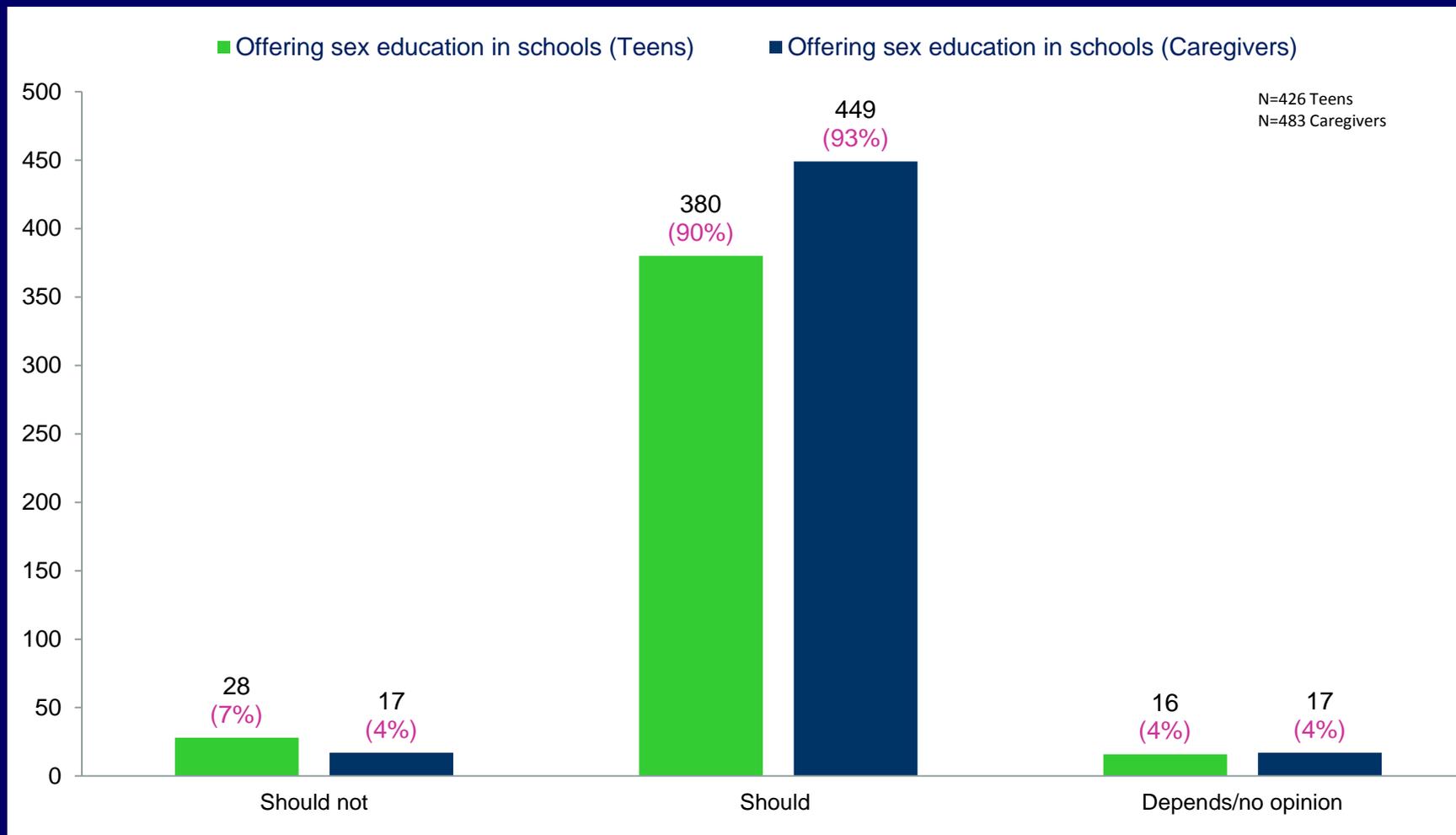
- Teens receive information about sex and birth control... (Teens)
- Teens receive information about sex and birth control... (Caregivers)

N=426 Teens  
N=483 Caregivers



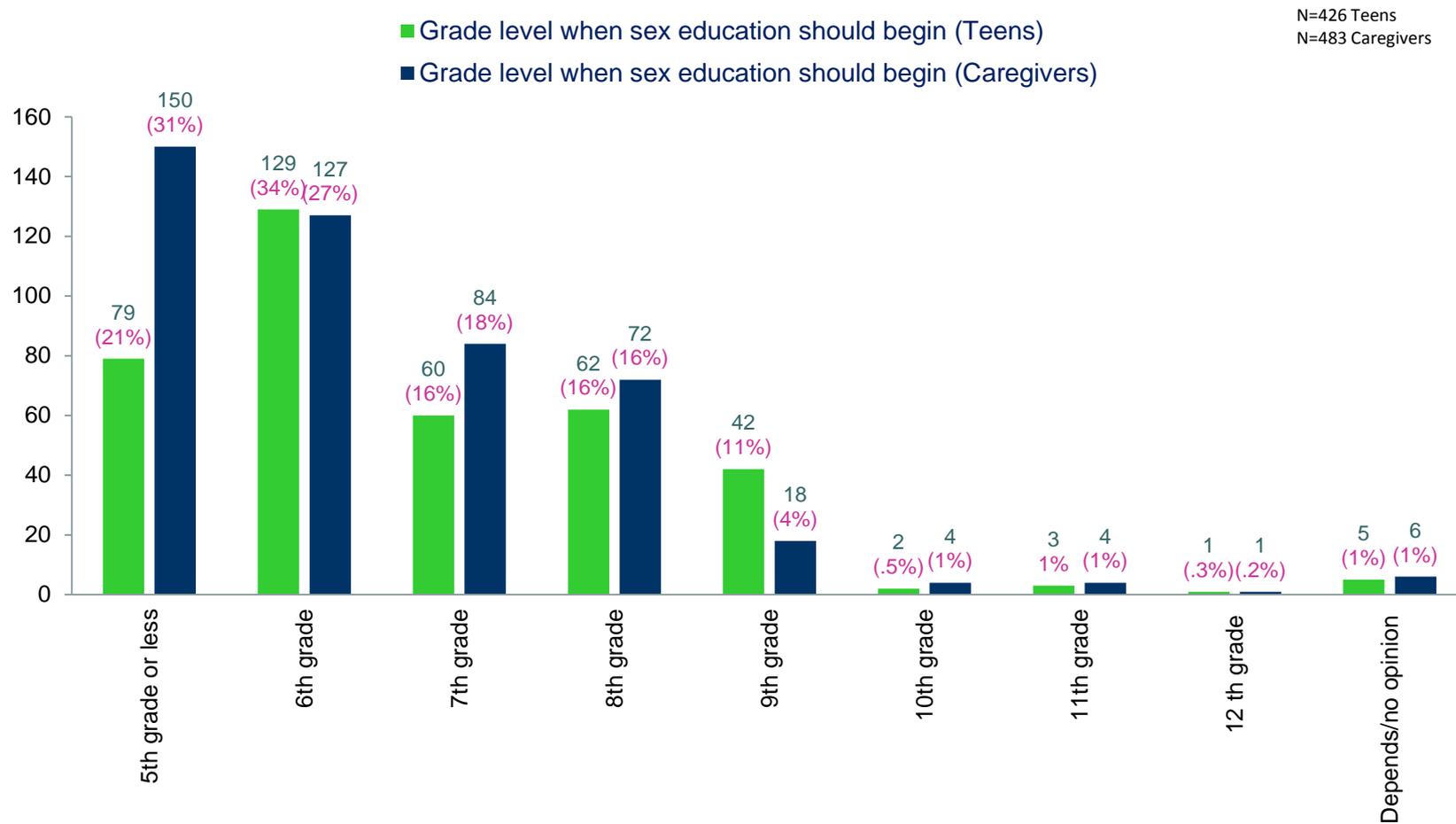
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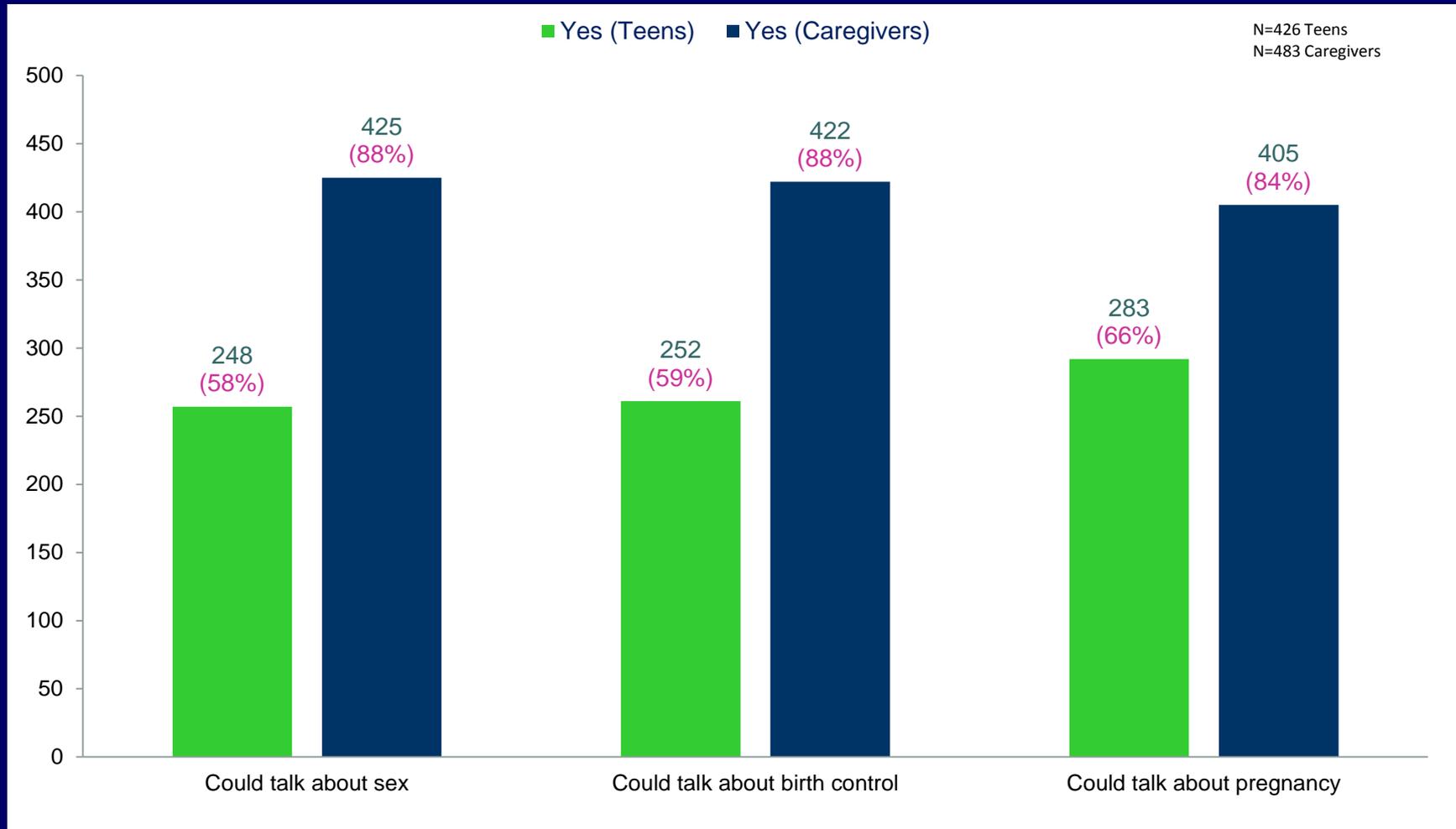
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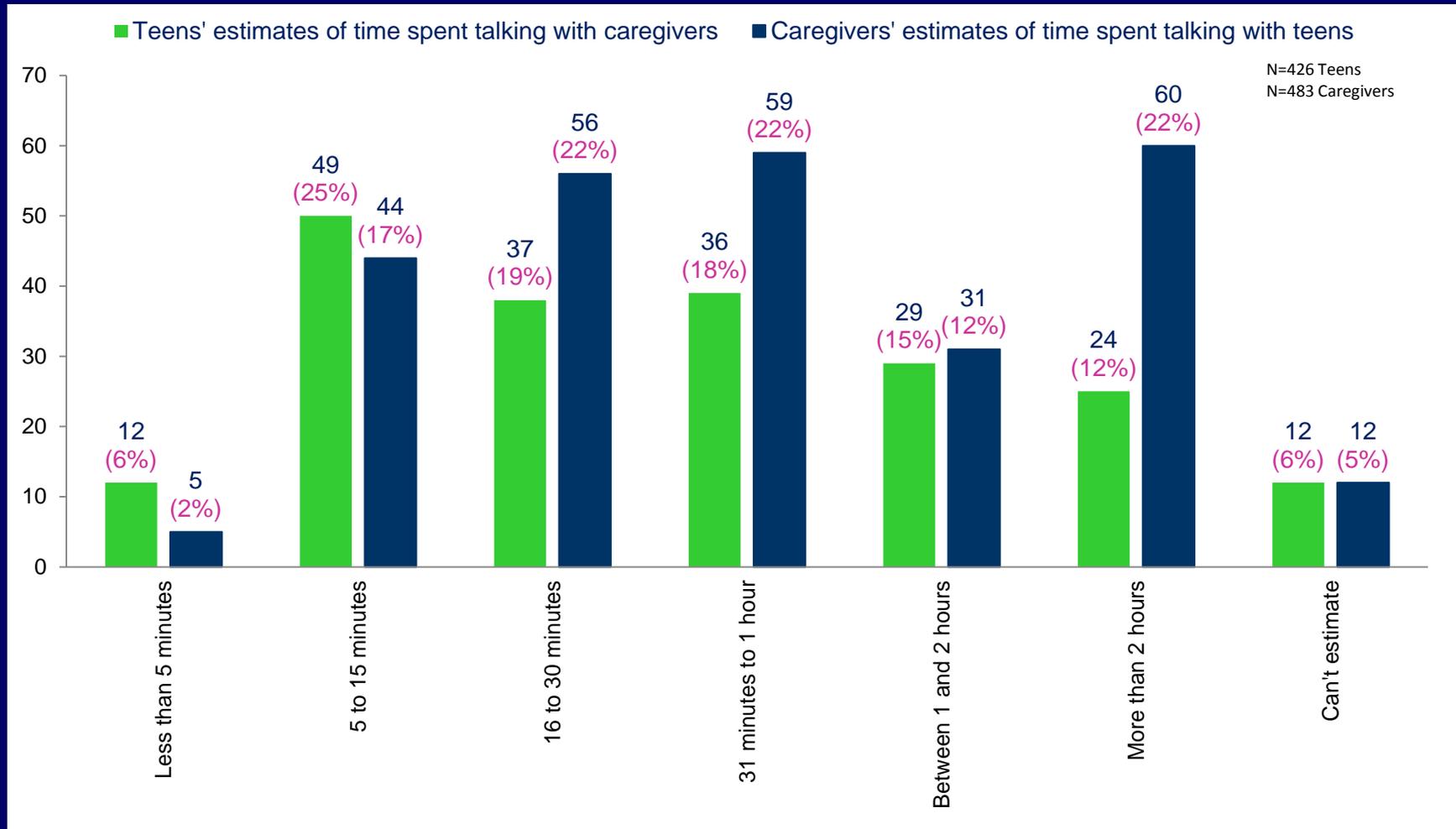
# DATA FINDINGS

## *Sex & Birth Control Issues*



# DATA FINDINGS

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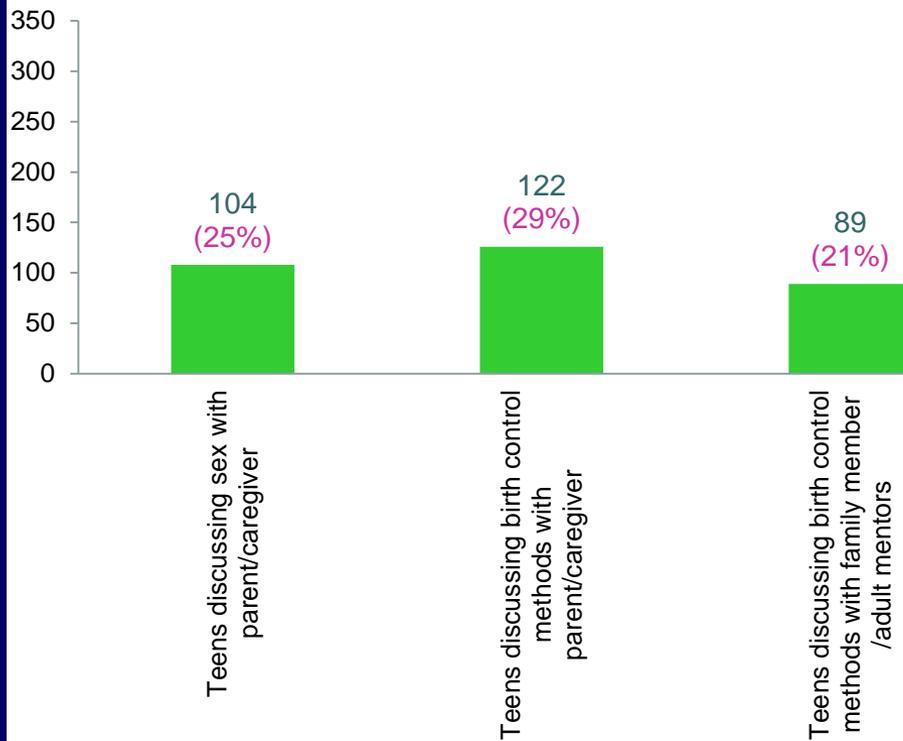


# DATA FINDINGS

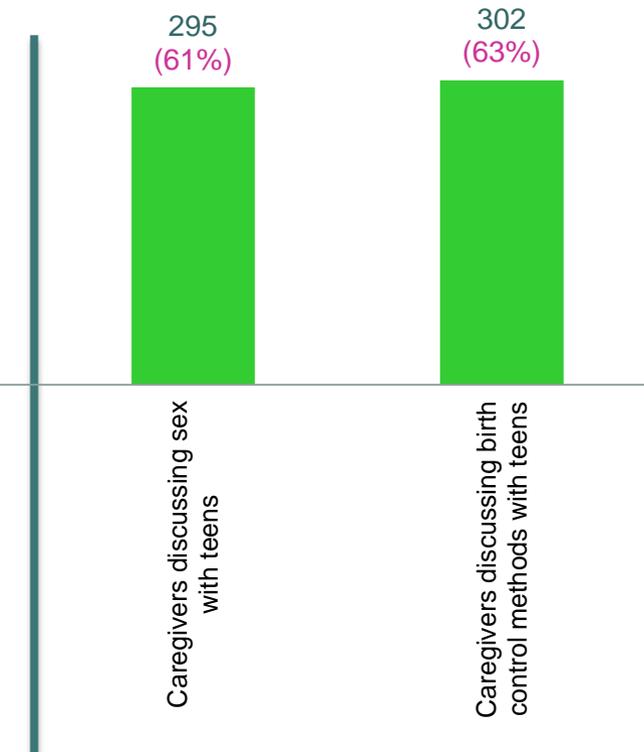
## *Sex & Birth Control Issues*

N=426 Teens  
N=483 Caregivers

**TEENS WHO EXPRESSED BEING “VERY COMFORTABLE”  
DISCUSSING SEX AND BIRTH CONTROL**



**CAREGIVERS WHO EXPRESSED BEING “VERY COMFORTABLE”  
DISCUSSING SEX AND BIRTH CONTROL**



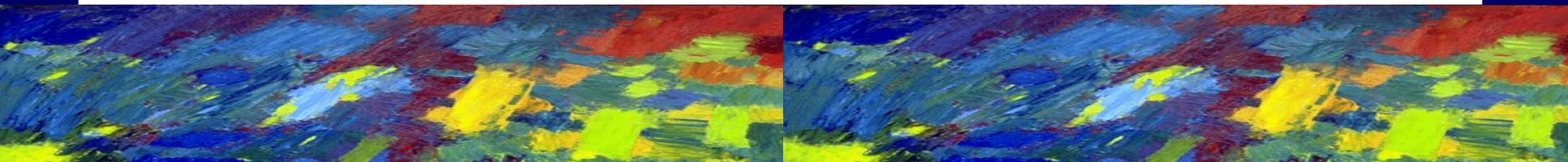
# DATA FINDINGS

## *Faith Communities*

FAITH LEADERS' PERCEPTIONS OF HOW COMMON TEEN PREGNANCY IS				
	not very common	pretty common	very common	we never or rarely have a teen pregnancy
Currently in your faith community	<b>8</b> (40%)	<b>4</b> (20%)	<b>3</b> (15%)	<b>5</b> (25%)
In terms of the broader community	<b>2</b> (10%)	<b>6</b> (30%)	<b>12</b> (60%)	<b>0</b> (0%)

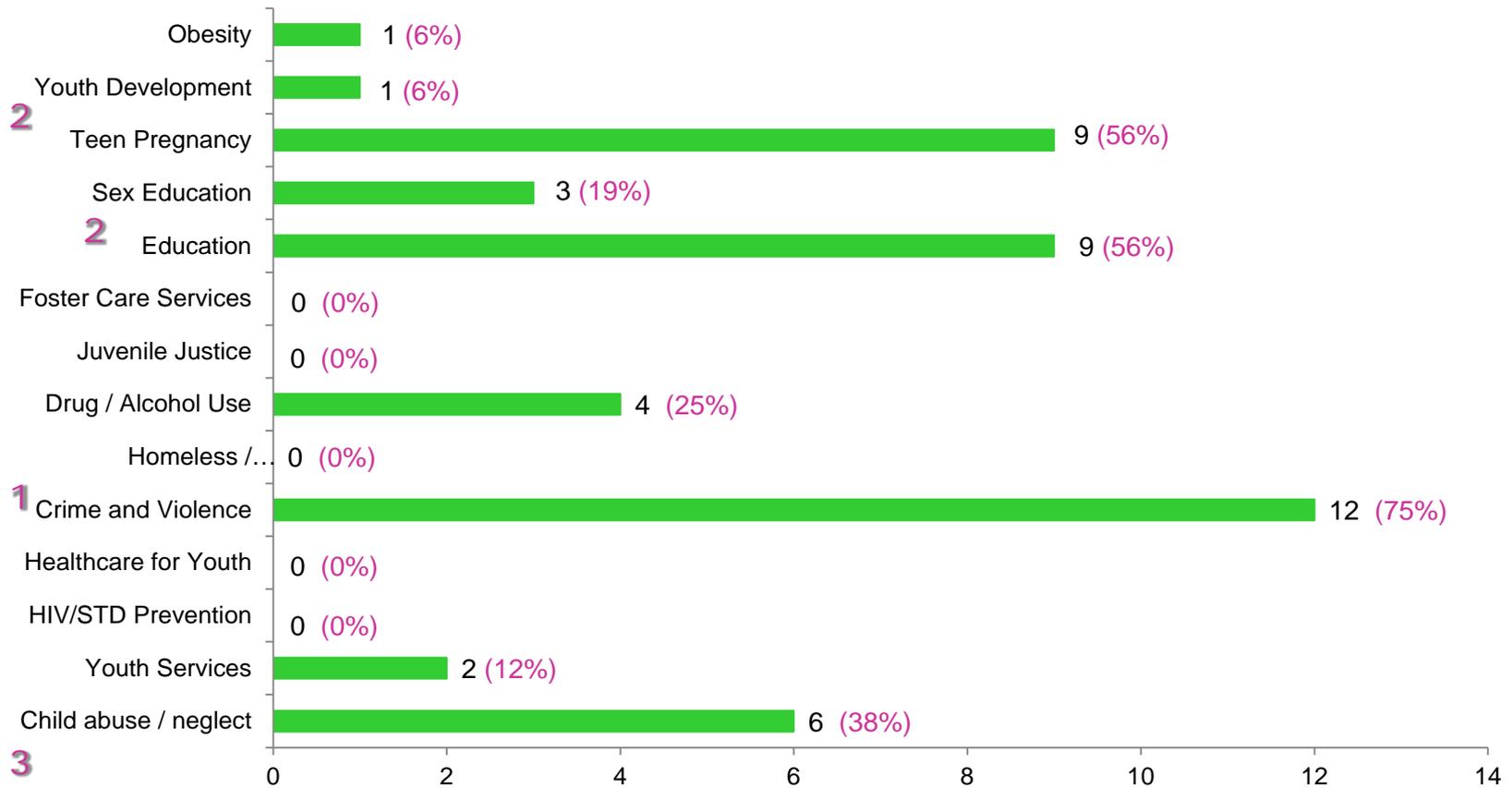
FAITH LEADERS' VIEWS ON SEXUAL INFORMATION ABOUT PROTECTION NO MATTER ONE'S SEXUAL ACTIVITY	
should be given information	information only encourages them to have sex
<b>19</b> (100%)	<b>0</b> (0%)

FAITH LEADERS' OPINIONS OF WHO SHOULD SHARE INFORMATION ABOUT SEX WITH YOUTH	
parents should be the only ones sharing information about sexuality	everyone has a role to play
<b>3</b> (15%)	<b>17</b> (85%)



# DATA FINDINGS

## *Public Officials*

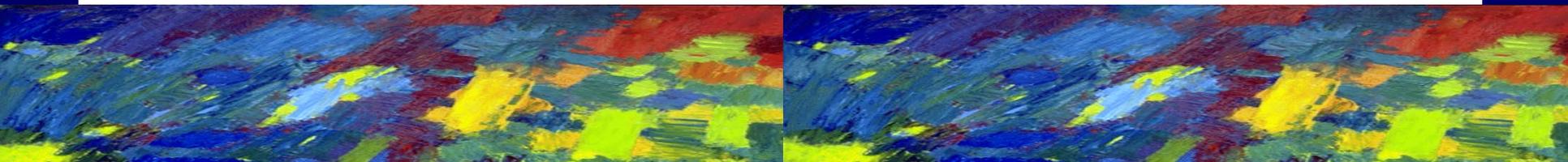


# DATA FINDINGS

## *Public Officials*

### OFFICIALS LEVELS OF SUPPORT FOR F POLICY OPTIONS RELATED TO TEENAGE PREGNANCY PREVENTION

	Not Supportive	A little supportive	Somewhat Supportive	Very Supportive
Georgia law currently requires public schools to provide sex education classes that emphasize the value of abstinence from sex. Local school systems may choose to include information on contraception and the prevention of sexually transmitted diseases in their courses. Would you support a school policy that offered age-appropriate comprehensive sexuality education programs that include teaching the benefits of abstinence AND providing information about contraceptives and sexually transmitted infection prevention in Richmond County?	0 (0%)	4 (25%)	4 (25%)	8 (50%)
Do you support the current Georgia law that allows teenagers to receive confidential family planning services without a parent or guardian present? These services include counseling on the value of abstinence, education on sexually transmitted diseases, and provision of contraceptives?	7 (47%)	3 (20%)	2 (13%)	3 (20%)



# DATA FINDINGS

## *Pharmacies*

### PHARMACISTS' PERSPECTIVES ON WHETHER OR NOT EMERGENCY CONTRACEPTION IS SAFE FOR TEENAGERS (AGES 15 – 19)

No	Yes	Not sure
0 (0%)	19 (95%)	1 (5%)

#### COMMENTS: 9 comments

- 17-19 is fine
- As long as parental consent is involved
- Hesitant to give to a 13 year old.
- I don't want them to purchase without parental consent
- If doctor prescribes them
- If it is used as intended. Should be some sort of counseling for this group
- If they deserve it.
- It is not good form
- It should be used appropriately. May view as birth control.



# BEST PRACTICES

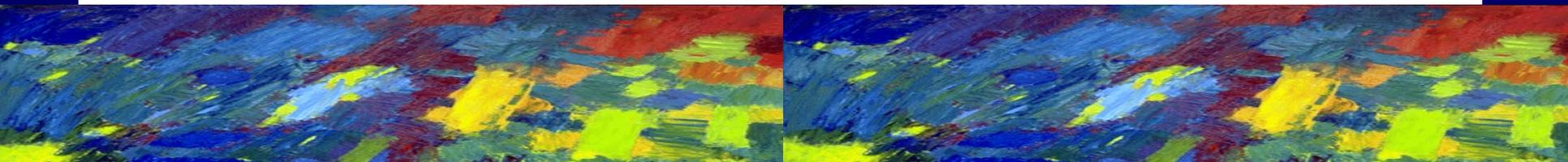


RICHMOND COUNTY FOR A BRIGHTER FUTURE

# EVIDENCE-BASED PROGRAMMING

- Upon reviewing all the community needs assessment data, then 11 youth-serving organizations (YSO) had a better idea of status of and opinions about teen pregnancy in community
- GCAPP assisted YSOs in selected evidence-based teen pregnancy prevention programs (EBP) that were appropriate to the unique needs of the teens they served and trained them on their selected EBP from a larger list of 28 approved by Office of Adolescent Health
- These organizations are expected to serve a contractually agreed upon number of youth in the community.

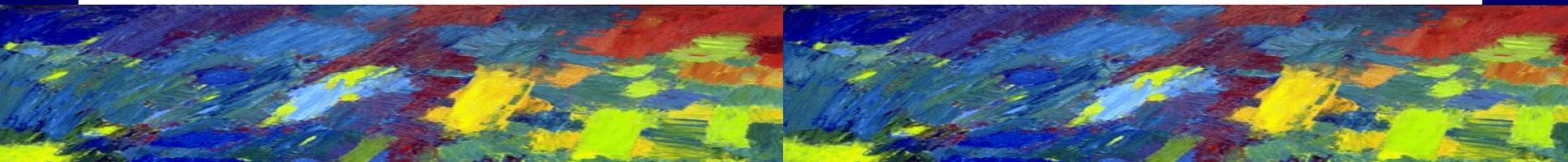
Youth-Serving Organizations	
100 Black Women of Augusta	Jones Behavioral Health
Augusta Mini Theater	Kids Restart, Inc.
Georgia Regents University (formerly Augusta State University)	New Bethlehem Community Center
Department of Juvenile Justice	Planned Parenthood Southeast
East Central Public Health District	Rape Crisis & Sexual Assault Services
Fort Gordon Youth Challenge Academy	Richmond County Juvenile Court



# CLINICAL BEST PRACTICES

- Five clinical partners also used community needs assessment data to determine which of three clinical best practices they would implement from a larger list of 27 provided by Cicatelli Associates, Inc. (CAI)
- These organizations are also expected to serve a contractually agreed upon number of youth in the community.

Clinical Partners	
Georgia Regents University( formerly Georgia Health Sciences University)	Richmond County Health Department - South Augusta site
Planned Parenthood Southeast (clinic)	St. Vincent de Paul
Richmond County Health Department - Laney Walker site	





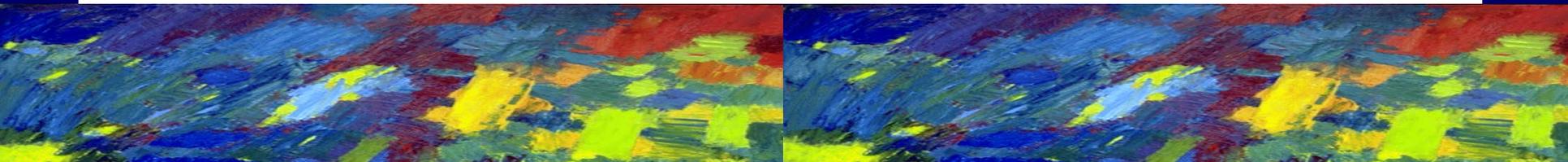
# LESSONS LEARNED & CONTRIBUTIONS TO THE FIELD



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# FAST MODEL

- ❖ The “FAST” Model serves as a best practice in bridging the gap between evaluation researchers and community members.
- ❖ This model was designed to empower community members to:
  - ❖ think critically about social and health issues that impact their lives
  - ❖ offers a unique opportunity for them to be introduced to social science research methods, data collection, and analysis.
- ❖ Community researchers learned to understand how teen pregnancy affects their community, to research it, and to use their findings to contribute to a community-wide action plan that translates into positive changes for themselves, their peers, and their community.



# LIMITATIONS & STRENGTHS OF THE COMMUNITY NEEDS ASSESSMENT

## LIMITATIONS

- ❖ Data were collected by convenience sample
- ❖ Very little data were collected in the Hispanic population
- ❖ Data were not collected within the school system
- ❖ Unable to collect data on participant's own sexual activity
- ❖ Community researchers unable to collect data on motivations for participants' responses

## STRENGTHS

- ❖ Proven successful “resident research” methodology
- ❖ Rigorous data collection processes tailored to priority populations
- ❖ Community participation at every stage of the assessment
- ❖ Additional comparative analysis of teen and caregiver responses
- ❖ Reports provided to community and Initiative partners in real-time to inform their decisions about EBPs and clinical best practices to be implemented



# Q & A



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*"Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has."*

**MARGARET MEAD**



RICHMOND COUNTY FOR A BRIGHTER FUTURE



# EVIDENCE-BASED DECISION MAKING IN TEEN PREGNANCY AND STI PREVENTION RESEARCH

Lessons from the Pono Choices Study

*Denise Uehara, PhD., Evaluator*

*Holly Manaseri, PhD., Project Coordinator*

*Kelly Roberts, PhD., Principal Investigator*

*University of Hawaii Center on Disability Studies*

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# What is Pono Choices?

Pono Choices is a 10-module curriculum that provides young adolescents with:

- Knowledge
- Attitudes
- Skills to reduce risk of sexually transmitted infections (STIs) and pregnancy.

It incorporates:

- Medically accurate information
- Character education
- Hawaiian cultural values

Theory:

- Social Learning
- Self-Regulation
- Developmental Assets Theories

# How Is Pono Choices Taught?

In sequence, 10 hours of content, 60 minute modules  
Scripted curriculum, teacher delivered in regular classroom setting  
Medically accurate information within a Hawaiian cultural framework.

- Pono: Defining Abstinence and Sex
- Mōhala: Anatomy and Puberty
- Nohona: Healthy and Unhealthy Relationships
- Aloha: Refusal Skills
- Hāpai Pono: Pregnancy and Birth Control Methods
- Pilina A'o: Sexually Transmitted Infections
- Pilina Pono: Prevention of STIs/Condom demonstration
- Nā Kūlia: Practicing Refusal Skills
- Oli Ho'omana: Empowerment to Make Healthy Choices

# How We Built Community Capacity

- Full participation of our community partners:
  - Alu Like, Inc. (ALI)
  - Berkeley Policy Associates (BPA)
  - Hawaii Department of Education (HDOE)
  - Planned Parenthood of Hawaii (PPHI)
- Contributions of equal value in:
  - Identifying Hawaii's needs and current resources
  - Developing Pono Choices
  - Implementing Pono Choices
  - Testing Pono Choices
  - (Disseminating Pono Choices)

# Pono Choices

## Formative Evaluation

- Implemented by Pono Choices staff
- Informed the development and documentation of the curriculum AND documents the evaluation study implementation
- Intends to increase understanding of a culturally responsive youth pregnancy prevention curriculum

# Select Research Questions

## Formative Study

- What are the key elements of evidenced-based pregnancy prevention curricula/programs that are appropriate for a culturally diverse population?
- What are culturally appropriate, place –based influences on teenage pregnancy for Hawaii youth?
- To what extent is the curriculum designed to increase students': school bonding, self-identity/efficacy, future expectations?
- How does the curriculum fit within Hawaii middle schools?
- To what extent is the curriculum designed to affect students': knowledge, skills, intentions, attitudes, behaviors?

# Formative Evaluation/Curriculum Research & Community Partners

Table 1. Developing Pono Choices Curriculum in Multiple Stages:  
Formative Evaluation Process

Header Row		
Stage	Activity	Evaluation Process-Credibility and Accountability
1	Conduct comprehensive literature review of evidenced-based TPP and STI curricula	Pono Choices staff and project partners reviewed 3 base curricula using a project-developed rating scale guide
2	Identify/invite key community people who may serve as an advisory/ collaborative work group member	Input/feedback used to inform curriculum writing
3	Identify key elements of evidenced- based pregnancy prevention curricula/programs	Developers periodically completed a Model Documentation Grid to track the key elements identified for each module (knowledge, attitude, skills)
4	Identify key components of the Pono Choices curriculum	Developers periodically submitted a Curriculum Development Documentation form to track progress and on-going development = student learning goals
5	Determine cultural influences on teenage pregnancy for Native Hawaiian and Asian-Pacific	Employed Native Hawaiian and local personnel to develop the curriculum in addition to drawing from other

# Pilot Testing Pono Choices

## Gathering Evidence

- Developing Pono Choices
- Delivering Pono Choices in Schools
- Refining Pono Choices

# Pilot Testing 1

## Developing Pono Choices

Table 2. Process of Developing Pono Choices Curriculum

Header Row	
Pono Choices Curriculum Content	Formative Evaluation/Curriculum Research
<p>Select developers taught curriculum to Spring 6<sup>th</sup> graders in a diverse neighbor island school.</p>	<p>Teacher observed all Modules, completed Curriculum Feedback Form</p> <p>Students provided feedback via group interview</p> <p>Dr. Loretta Jemmott, MPC developer conducted 2 day intensive consultation and observed during this pilot.</p> <p>Calculated unmatched t-test comparisons between pre and post on students: school bonding, self-efficacy, self-identity/future expectations</p> <p>Major curriculum reworking based on results and ongoing consultation and feedback on drafts.</p>

# Pilot Test 1

## Select Findings

Table 3. Select Findings from Pilot Test 1

Header Row	
Student Survey (n=25)	Student Group Interview (n=13)
Cronbach's $\alpha = .71$ for domain A, $.80$ for domain B, $.74$ for domain C and an overall rating of $.82$ .	Liked best about Pono Choices: learning about STIs-the names of STIs and how to prevent them.
Overall measure – mean increase not statistically significant, $p > .05$	Favorite lessons: hapai pono, kupono and mohala.
Self-efficacy and school/community bonding did not significantly differ, $p > .05$	Suggestions: power points too much information to absorb; less large group and more partner activities.
Future aspirations, $p < .05$	Attitude and behavior changes: be abstinent and if they were going to have sex, they would use barriers such as dental dams, condoms, gloves, etc. as well as communicate with their partner and have themselves and their partner checked for STIs.

# Pilot Testing 2

## Delivering Pono Choices in Schools

Table 4. Process of Delivering Pono Choices Curriculum

Header Row	
Pono Choices Curriculum Delivery	Formative Evaluation/Curriculum Research
<p>1 developer taught curriculum to Fall 7<sup>th</sup> graders in a diverse track school on Oahu-testing range of delivery skills</p> <p>Integrated outcome evaluation process:</p> <p>Parent night facilitation</p> <p>Consent/assent form dissemination</p> <p>Distribution of evaluation measures</p> <p>Evaluation measures (pre/post) tested for feasibility</p> <p>Incentive distribution</p>	<p>Teacher observed all Modules, completed Curriculum Delivery Checklist</p> <p>Developers all observed pilot for every module and completed curriculum delivery checklist</p> <p>Students provided feedback via stratified focus groups</p> <p>Tested curriculum flexibility based on bell schedule</p> <p>Analyzed/interpreted tested evaluation measures related to response variations</p>
Specific curriculum design domains tested as part of delivery	Calculated unmatched t-test comparisons between pre and post for: Knowledge, Attitudes, Skills, Intentions and Behaviors to determine if students made significant gains after exposure to the PC

# Pilot Test 2

## Select Findings

Table 5. Select Findings from Pilot Test 2

Header Row	
Student Survey (n=17)	Student Group Interview (n=17)
Knowledge: 5 items $t(32) = -4.591, p=.000$ .	Favorite lesson: Tic-Tac-Pono (funny, competitive, helped to remember lessons).
Attitudes: 9 items $t(32), p=.003$ .	Favorite lesson: "Who's in your canoe?" (fun paddling towards goals).
Skills: 5 items $t(31), p=.036$ .	Suggested changes: Tic Tac Pono should be longer; scripts/role playing-offer a choice of role rather than being assigned.
Intentions: 4 items $t(31), p=.777$ .	3 most important things learned: a) how to prevent STIs and unwanted pregnancy b) birth control methods c) 4 Rs (refusal skills) d) how to use a condom.
Behaviors: 7 items $t(29), p=.896$ . NOTE – For this section we do not expect/want an increase since the questions refer to sexual behaviors of which the responses are either a yes or no.	

# Pilot Testing 3

## Refining Pono Choices

Table 6. Process of Refining Pono Choices Curriculum

Header Row	
<p>Pono Choices Curriculum Content/Delivery Refinement</p>	<p>Formative Evaluation/Curriculum Research</p>
<p>Findings from Pilot 2 used to refine curriculum-</p> <p>Developers taught curriculum to small group of 7<sup>th</sup> graders from same Oahu school in an afterschool setting.</p> <p>Purpose:</p> <ol style="list-style-type: none"> <li>1. To spot check content changes (Module 2); Module 3 beach ball Toss; Module 6 'Ohana activity.</li> <li>2. To ensure smooth delivery regardless of facilitator</li> </ol>	<p>Developers solicited on-the-spot feedback and immediately made changes to curriculum-and ready curriculum for implementation.</p> <p>Changes included:</p> <p>Minor formatting and language for consistent delivery across facilitators.</p>

# Teacher Training: Implementing Pono Choices (Tx)

- 3 Day comprehensive training
  - Modeling delivery
  - Practice delivery
  - Assessing readiness/comfort to deliver
- In person 1 day refresher course
- Online refresher course
- Implementation “tip sheets”

# Curriculum Implementation: Maintaining Fidelity

- Collaboration between internal evaluator and project staff to develop Fidelity Maintenance:
  - Process
  - Observation Form
- Evaluator provided training to use the Observation Form
- Drift/breakdowns noted-staff provides on-site support
- Overall fidelity maintenance calculated and used for curriculum replication manual/dissemination

# Fidelity Communication Model

## Teacher

- implements curriculum after training
- fills out self report regularly
- indicates if TA is requested to project staff
- indicates best time for debrief after observation to project staff

## Project Staff Observer (s)

- checks dropbox to review prior fidelity reports
- observes at least 3 Modules with one observation within Modules 1-3, 4-6, 7-10 and fills out fidelity forms
- thanks teacher and schedules time for follow up if needed
- inputs to dropbox fidelity maintenance report and program observation form
- \*Makes coordinator aware of any major fidelity problem

## Project Coordinator

- reviews fidelity forms from Project Staff with IE
- receives any fidelity concerns from EE or Project Staff and notifies Project Staff immediately
- debriefs to TA team, when necessary for teacher follow up
- schedules end of implementation debrief with teacher

# Lessons Learned from Pono Choices: Research and Building Community Capacity

Table 7. Lessons Learned

Header Row	
Process/Activity	Lesson
Creating new partnerships in unchartered territory, claimed ownerships, and different organizational missions	Transparency is key to building trust Revisiting grant goals is critical for decision making
Developing a shared vision for a new curriculum	It is in the story you tell and the relationships you maintain
Introducing evaluation as a process of curriculum development	Work through the Project Director who understands/values evaluation
Introducing new partnership roles as project/study evolves	Life cycle of a grant requires fluid approach. Roles and personnel may change according to emerging needs. Data drives decision making

# Mahalo!

- Pono Choices website:

<http://www.cds.hawaii.edu/ponochoices/>

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