

NWX-OS-OGC-RKVL

**Moderator: Allison Roper
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Coordinator: At this time all participants are in a listen only mode. After the presentation we will conduct a question and answer session. To ask a question at that time, please press star 1. Today's conference is being recorded and if you have any objections, you may disconnect at this time.

I would now like to turn the meeting over to Ms. Amy Margolis. Ma'am, you may begin.

Amy Margolis: Thank you. Hi everyone. My name is Amy Margolis and I'm with the Office of Adolescent Health. I want to thank you all for joining us for today's Webinar, a snapshot of your community, understanding needs and resource assessments.

Today, Gina Desiderio from the Healthy Teen Network is going to share with us the importance for conducting a thorough needs and resource assessment and the steps for conducting such an assessment.

By the end of this Webinar, you'll be able to explain at least three benefits of the needs and resource assessment, describe the five steps to conducting a

needs and resource assessment, and explain the relationship between assessment and program outcomes.

Now we know that many of you have already begun to assess the needs and resources of your target community and that you've included some of this information in your initial grant application.

What we'd like for you to do as you listen to today's Webinar is think about the needs and resource assessment for your own program. See if there's anything that you may want to go back and add to your needs and resource assessment to ensure that you have a thorough understanding of your target population before you get too far into program implementation.

And once you've had a chance to listen the Webinar today and to think about how the information can be applied to your our program, we encourage you to talk with your project officer to see if there is any additional needs and resource information that you should plan to include in the assessment for your programs.

And with that, I'd like to turn it over to Gina for today's presentation. Gina.

Gina Desiderio: Thank you Amy. Welcome everyone and thank you for joining this Webinar. As Amy said, my name's Gina Desiderio. I'm a senior program manager with Healthy Teen Network. I've been with Healthy Teen Network since the fall of 2006 and I've had various responsibilities there related to training and technical assistance and developing resources to support the youth of evidence based approaches (unintelligible) for prevention of teen pregnancy as well as working with pregnant and parenting teens.

Before coming to Healthy Teen Network, I provided sexual violence outreach and education for the Virginia Tech Women's Center as well as teaching English and women's studies to high school and college students.

Just a little bit about Healthy Teen Network - we're a national non-profit membership organization and we connect professionals with one another in the field of adolescent sexual and reproductive health. We provide networking opportunities, training and technical assistance and resources that support you to make a difference in the lives and well being of teens and young families.

Each year we'd like you to know that Healthy Teen Network hosts the only national annual conference fully devoted to the issues of teen pregnancy, parenting and prevention. And our conference this year, bridging the gender divide toward a balanced approach to promoting healthy youth and young families, will be held October 11th to 14th, 2011 in Pittsburgh. And you can visit our Web site, healthyteennetwork.org, for more information on that.

I won't go over the objectives as Amy already reviewed those. But they're there on the slide for your review. So first, let's talk a little bit about the benefits of a needs and resource assessment.

Before we do that, though, I'd like to go over some key definitions. So what is a needs and resource assessment? Well, it's a systematic way of gathering information that describes in detail the needs and resources of the priority population and the community.

The purpose of a needs and resource assessment is to understand a priority population in terms of its needs and assets. A needs and resource assessment

is a foundational step in program planning. So when we talk about needs, what are we - what do we mean there?

Well a need is a lack of some resource tool or program that puts youth at a disadvantage or places them at risk for negative health or social outcomes such as teen pregnancy, substance abuse or poor academic achievements. Needs are a lack of something. This may be something at a larger societal or community level or it may be something at the more specific individual level.

Resources are a type of support, service or programs that are available in the community such as a reproductive health care clinic, stay safe community ministry, a youth friendly radio station or school.

And as I said, conducting a needs and resource assessment is one of the first steps in good program planning and there are many benefits. First, (it) allows you to identify the priority population by accepting the data. You can learn more about the suspected needs and possibly uncover new ones that you hadn't previously expected.

You can identify the prevalent sexual risk taking behavior. You can identify the determinants that are the risk and protective factors of those behaviors. You can design more - programs more strategically. It'll help you gather baseline data that will help you later on, not just with your planning but also with your evaluations.

It helps you to more strategically use your resources such as staff, funding, materials. A needs and resource assessment can help you gain support from stakeholders through strategic planning. It can also help you to develop better grant proposals.

And I know as Amy said, some of you may have already conducted a needs and resource assessment. Even if you have done so, it's still essential to revisit your assessment so that you can update information about your priority population and program participants.

You can review for program improvements and you can also use for future program planning. Throughout today's Webinar I'm going to through the example of a fictitious organization and we'll call them Fayetteville Youth Network, or FYN.

They're a community based organization that promotes positive use development and provides substance abuse services. I'm going use this organization as an example and as we go through the five tasks that are including in needs and resource assessment I'll also go through some of examples of how Fayetteville Youth Network went through those steps as they completed a needs and resource assessment.

So the five tasks of a needs and resource assessment. I'm going to just list those tasks right now and then we're - I'm going to go into more depth about them over the next few slides. First, establish a workgroup. Second, develop a data collection plan. Three, collect the data. Four, analyze the data. And five, link your assessment findings to a logic model.

So task one, establishing a workgroup. When you do this you'll want to first identify key participants for the workgroup. These are people perhaps who know how to conduct research, perhaps they're evaluators, people who would be involved in delivering program activities, and important stakeholders such as youths, parents, school personnel, communities of (states), et cetera.

To jumpstart your process you can make it easy to get going by offering initial data to possibly a one page summary of key risk and protective factors or basic statistics on rates of teen pregnancy in your community.

As you've gathered your workgroup you're going to want to determine your participant's roles. Identify a group leader. This person will help you to coordinate the process. They'll help you keep the process moving forward. They'll help to define (team) roles and responsibilities and facilitate the work (plan).

In addition to the lead role, you'll also want to identify some support roles so that people have clear responsibilities. Finally, you want to determine a timeline. Determine what's reasonable for completing your assessment so that it doesn't take too long and that's - the workgroup knows in advance how much time they're going to need to spend on it.

An average amount of time is about three months and that can be more or less depending on the size of your community and your assessment plan as well as the level of effort you can devote to the assessment during that time.

I just want to emphasize right here that you don't need to take an exorbitant length of time to complete a thorough needs and resource assessment. It isn't something that needs to be overly cumbersome or bog you down in your program planning process.

So going back to that example of Fayetteville Youth Network, they compiled a workgroup and that consisted of members from their staff, some community advocates, some school personnel, a parent of the local high school - of a local high school student. And they identified a leader, (Jordan), one of their help -

one of their staff members at Fayetteville Youth Network and a health education specialist.

The task two - I'm going to break up into two parts. The task two's developing a data collection brand and I'll call it task two A. That's develop assessment questions. We're going to look at six questions that are core to including in a needs and resource assessment for an adolescent pregnancy, a CI and/or HIV prevention program.

The first four questions are going to guide you to having a full description of the youths you want to serve and then the last two questions are going to guide you in developing a description of the resources in your community that might be able to support your program efforts.

So the first question, question number one, how would you describe the demographics of the youths in your community? Demographics are statistics or descriptions of a particular population. Many marketers use demographics to describe consumer market segments such as consumer traits and preferences. Auto makers, cosmetic companies, technology companies all frequently do this.

Public health practitioners also use demographics to help develop targeted programs for particular populations. The common population characteristics that are typically described by demographics include age, grade level, race, ethnicity, religion, immigration status, gender, sexual orientation, socioeconomic status, geographic information, abilities, disabilities, language, literacy rates, living situations, family structure, mobility, educational level, employment, et cetera. I could go on but that's a list of some characteristics that frequently fall under question number one.

Question number two, after you decide the demographics of the particular population you want to serve you're going to want to know the extent of the public health problem that you want to improve. So in our case we would want to know the prevalence in incidents of pregnancy, abortion, sexually transmitted infections and/or HIV/AIDS among a particular adolescent population.

I do want to make it clear that prevalence and incidents are not synonymous. Prevalence is the number of cases among a specific population during a specific time period in a specific area. And incidents have to do with the number of new cases, the number of newly diagnosed cases of a defined condition that occurs again within a specified time period in a specific population.

So for example, in 2006, the prevalence of HIV infection in the United States was a little over 900,000 in a general population of 302 million. That works out to be 1 in 335. The incidents for that year was 40,000 meaning that of those 900,000 cases, 40,000 or 2 out of 90 cases were new in 2006.

For Fayetteville Network they took a look at the birth rates of - and using state data that was available to them, they found that the highest incidents of teen birth was concentrated in one zip code - 13065.

Question three has to do with sexual behaviors. What are the common sexual risk taking behaviors among the youths in your community? A great resource, Emerging Answers, by Dr. Douglas Kirby is available online, discusses those nine important sexual behaviors that directly affect teen pregnancy, HIV and STIs.

You'll want to find out what are the most relevant behaviors for the youth in your community? These behaviors include one, delaying or abstaining from sexual intercourse, two, increasing the correct and consistent use of condoms, three, increasing the correct and consistent use of contraception, four, increasing the testing and treatment for STIs, five, increasing vaccination against STIs such as hepatitis B and HPV, six, decreasing the frequency affect, seven, decreasing the number of sexual partners, eight, decreasing the frequency of sex with concurrent partners or partners with concurrent partners, and nine, increasing the time gaps between sexual partners.

When thinking about these sexual risk taking behaviors, it's - you're - it's helpful to ask why are these young people engaging in these behaviors? And that leads us to question number four. What are the important determinants or risks and protective factors that influence the sexual behavior of the youth in your community?

Determinants are the pyscho, social and environmental factors that have a causal influence on sexual behaviors. Determinants can be knowledge, attitudes, skills or conditions. Risk factors put the youth at risks engaged in their sexual seeking behaviors. Protective factors protect them from engaging in those sexual risk taking behaviors.

Again, when Dr. Douglas Kirby put out his Emerging Answers 2007 report he also updated his list of risks and protective factors. He found - he conducted research on over 500 risk and protective factors associated with sexual risk taking behaviors and then he identified 71 determinants that have the best research behind them supporting their association with those sexual risk taking behaviors.

There're seven of the most common factors that influence sexual behavior that we're going to go over in the next few slides. One, now about the risks of having sex, pregnancy STI and/or HIV, as well as the method to avoid those outcomes.

Two, perception of risk including susceptibility and severity of risks, so how vulnerable am I? Three, personal values and peer norms about sex. Four, attitudes and peer norms about condoms and contraception. Five, skills, refusal skills, condom use skills, condom negotiation skills as well as the self-efficacy or the feeling that I can do it to use those skills. Six, communication with parents or other adults. And seven, intentions.

The determinants or risks and protective factors that you can cover in your assessments will tell you a great deal about the characteristics of the population you're going to want to serve. The more you can uncover about these determinants, the more likely it's - it is that you'll be able to select appropriate interventions or program activities that will address the specific needs of your priority populations.

Questions five and six, remember, deal with the research within your communities. Question five asks what existing programs, services and resources address teen pregnancy, STIs and HIV in your communities? It's important to find out how many organizations already serve youth in your community and address these issues.

Communities are invested in serving youth as well as being efficient and it will be important in the future that you're not duplicating services and thereby competing for community dollars. Finding out what's already being done in the community where your priority population lives will help you to identify

the gaps in services or the absences or weaknesses in those services that constitute part of the picture of the needs you're trying to address.

And then question six asks, what are the potential collaborations of the partners you might leverage to support your efforts? In answering the previous question about those existing resources, you'll be able to identify some organizations and people who might offer resources to assist you as you implement your program or services or perhaps they'll help you to provide a crucial endorsement within your community for your intervention.

The other part of task two, developing a data collection is to plan to collect your data. Once your workgroup is formed and you've taken a look at those assessment questions that you're going to want to answer, you're going to need to figure out where you'll find the data. You'll first one to research the existing available. And we'll review some sources on the next couple of slides.

You'll need to develop your plan for how you'll collect the data, who will do the work and how you'll store the information you collect. When you're thinking about existing data, you're determining where you can access this information that's already out there.

Once you've taken a look at the information that's already out there, you may decide that there's a need for some new data. We'll talk about that in a minute.

So where to collect this existing data? There're many national sources and I've listed some of them here but it's certainly a - by no means a complete list. I'm not going to review each of these but just let you know number one, going to the Centers for Disease Control and Convention's Web site, they've got a number of useful reports that you can access there and it's always my first thought when I'm looking for information for something.

Find youth info is another great source. This next slide has a list of organizations that often publish reports based on that information from the CDC from the census, for example, and so you'll find not only the information but also oftentimes an analysis of that information, that research that's available. So these are also great sources for you to access. And, of course, you can look in the (for) peer review journal articles.

When you're thinking about state and local data, certainly you want to check out your state or local health departments, your local or state departments of education. There may be reports completed by non-profit organizations, university or foundations in your communities.

There may be previous information collected by your organizations. Here, for example, I know that if I go to the Maryland or the Baltimore city health departments I can find lots of information on a city and state level and I also have - they have programs where you can customize that information that you're pulling so that you can pull the information according to age, according to whatever demographics you're looking for. These can be great resources for you and you certainly want to take advantage of what's already out there so that you're making the best use of your time and that whole process isn't becoming too cumbersome for you.

However, you may find that the existing data that's out there is just not enough for you and that there're some questions or some information that you want to gather. You may decide that you're going to conduct some surveys or hold some focus groups, do some in depth interviews, perhaps make some observations of lessons or activities with another organization or within your organization.

It may be as straightforward as just having conversations with some key community stakeholders including youth. This process of collecting new data, it doesn't need to be overly complicated. It can be a relatively easy, however, oh so critical task before beginning a program.

So in this step you're planning to collect. In the next step we're going to talk about that very quickly because it's really the doing step of collecting. If your overall assessment process is taking about three months, this process of doing the collection, you wouldn't want to spend much more than a month out of that total time doing that. So it's important to keep that in mind as you're trying to make sure that you're moving forward in your process.

So Fayetteville Youth Network, when they were completing task number two, they developed their assessment questions and they identified and planned to collect existing and new data. They decided that they were going to conduct some focus groups and surveys. And we'll talk more about what they found next.

So as I said, task three is collecting data and that's the doing step. This is where you're going to carry out your plan from task two with collecting your existing data first and then moving on to the new data.

Just a note. It's important that your - you have a storage process in place and that you're collecting your information. It's safely stored. It's easy to access. And that'll help to make your next task of analyzing the data much more easier - much easier, excuse me.

So Fayetteville Youth Network went to state health surveys as well as the youth risk behavior surveillance system data, the YRBSS information. They

got that existing data. And then they also decided that they wanted to survey high school students and conduct a focus group with their school staff.

They collected information from the state health surveys on the number of teen births by zip code within Fayetteville and then they were able to prioritize this information into one zip code where they saw the majority of teen births were concentrated.

And they - as I said, they got that information about sexual behaviors of youth from across the state from the YRBS. When they were interviewing - when they were surveying high school students they wanted to assess different determinants of the sexual behaviors, specifically focusing on knowledge and attitudes about sexuality, STIs and contraception.

And then when they conducted their focus groups of the staff, they wanted to get perspec- the staff's perspectives on the risk factors facing youth in their school.

Moving on to task four, this is where you analyze the data that you've collected. There's an important link between your assessment questions and the analysis of the data you collect. The process of analyzing all the data you've collected can be easier and more purposeful if you know in advance what questions you want to answer. So remember, going back to those six questions that we talked about.

Again, the analyzing of the data does not have to be complicated. Instead this process can be quite straightforward. An important part of the process is to consider the purpose of the analysis and the audience for the data. Looking at the data can give you a glimpse of the naturally occurring themes.

So you'll see here that I bulleted some of the key tasks - or the key things that you want to find out under your - from your analysis and how they link up to the assessment questions one through six. So from the assessment data you're going to want to identify and describe your priority population.

And then in the description of the priority population will come from the answers to the assessment questions one on demographics and two on incidents and prevalence.

Next from the assessment data you're going to want to identify the specific sexual behaviors among your priority populations. It's important to note which behaviors are relevant to your priority population and this refers back to this question number three.

Next you're going to want to identify those risks and protective factors or determinants that are either protecting the youth within the priority populations and engaging in sexual (risk) behavior or putting them at increased risk. And that's question four.

And then finally you're going to describe what resources already exist in your community and potential collaborations. And that relates to questions five and six. Remember you don't need to be a statistician to make sense of the data. There are (a set of) questions guide you in how to take a look at the data and key program staff who are involved in the workgroup can be the ones who are carrying out this analysis.

After you've completed your analysis, be sure to share this information with the key leaders and stakeholders and use that data to drive your program development and implementation.

The Fayetteville Youth Network, using those state health surveys with data by zip code, they had a demo- they were able to create a demographic snapshot of their youth ages 11 to 19. They found in their community that 55% were African American, 25% were Latino, 15% were Caucasian and 5% were other. Fifty-three percent were female, 47% were male, 97- excuse me, 90% were English speaking and 7% were non-English speaking.

They established a goal of reducing teen birthrates in the Fayetteville school district among students ages 13 to 18. Using the YRBS, they found that 85% of the students have had sexual intercourse at least one, 14% of their students had experienced a pregnancy or gotten a partner pregnant, 39% had been treated for an STI. And from this they identified that they wanted to target decreasing frequency of sexual intercourse, increasing correcting consistent condom use and increasing correct and consistent use of contraception.

For their determinants they wanted to focus on increased self-efficacy for using condoms and increased knowledge about pregnancy, HIV and other STIs. They identified that in - for their existing resources there were youth focused community organization. They had some very experienced health educators in their schools and community. And there was also an existing school outreach program.

And they identified some collaborations with the high schools, with the local planned parenthood, the local health departments, and the youth spirit teen center. So when going through this process, Fayetteville Youth Network was able to completely answer the questions one through six from their data collection and analysis.

So this brings us to the final task of completing a needs and resource assessment and that's to link your needs and resource assessment to a logic

model. Why would you want to do this you might ask? Logic models are a way to help you organize your assessment information in a logical matter - manner - and it helps you to link your program goals with your behaviors that you're targeting and the determinants and then that helps you to guide - helps you to guide you in your selection of appropriate programs that you might want to investigate for your community as well as setting you up for your program evaluation.

Logic models are a tool that strategically, purposefully and scientifically identify the causal pathways between the health goals and the interventions. And they also point program staff to the outcome and process indicators to be measured and evaluated.

So if we take a look at a sample logic model, it's going to help you to map your priority population to your health goals, your behaviors and your determinants to your program objectives. Linking your needs and resources assessment to the program logic model ensures that your program fits your priority population and community and prepares you to develop the program evaluation plan.

So this logic model helps you to identify the health goal first. Here we've got reduced teen birth rates in the school district among students ages 13 to 18. We've got those behaviors identified - decreased frequency of sexual intercourse, increased correct and consistent use of condoms and increased correct and consistent use of contraception.

We're got the determinants identified increasing knowledge about pregnancy, HIV and other STIs and increasing self-efficacy in using condoms and contraception.

And then finally we're set up for the interventions, what you're going to do to change those beha- determinants which in term will change those behaviors, which in turn will help to get you to your health goal. So you've got some examples of intervention activities here on this column.

We'll talk a little bit about this task a little bit more specifically because the link between your needs and resource assessment and your logic model is the critical part of the needs and resource assessment because it's part of what makes the needs and resource assessment so foundational and so critical for establishing your valuation plans.

So the logic model is your foundation for your valuation plans. The behaviors on the determinants become the objectives you will measure for your outcome evaluations. They become the changes in behaviors, knowledge, attitudes and skills that you're looking to see in the youths for your program.

The intervention activities become the indicators for your process evaluation. These are the lessons or activities that you're completing, the number of youths who attending these lessons, how the staff were trained to implement these activities.

So the logic model becomes that map for your program as you implement it as well as the map for how you want to evaluate your programs. So again, taking a look at Fayette Youth Network, based on their assessment findings they selected the evidenced based program, Making Proud Choices, as the best fit for their priority populations.

They implemented that program and the process indicators from that implementation include 96 out of 100 attended the program at least once,

participating in the evaluation. Students were 13 to 18 in grades 9 through 12 and all the activities were implemented as written.

Based on their outcome evaluations, findings from the immediate post tests revealed changes in knowledge, attitudes and skills. Ninety-seven percent of the students reported an increase in their knowledge about pregnancy, STIs and HIV. Ninety-two percent of the students reported an increase in skills using a condom correctly.

Ninety-six percent reported an increase in self-efficacy, that feeling that I can do it, in using condoms and contraception. Thirty-three percent of the students reported a decrease (in) frequency of sexual intercourse. Fifty-five percent of students reported an increase in correct and consistent use of condoms. And 41% of students reported an increase in correct and consistent use of contraception.

So you can see, if you recall back to those behaviors that Fayetteville Youth Network identified in that logic model that was just a brief snapshot of their - of what a full program logic model would look like, their outcome indicators link directly to what they started looking at for their assessment.

With behavior changes, they found that 33% of the students reported a decrease of frequency in sexual intercourse. Fifty-five percent of the students reported an increase in correct and consistent use of condoms. And 41% of students reported an increase in correct and consistent use of contraception.

So once you've completed your needs and resource assessment, you've successfully implemented your program and you've analyzed your valuation results, what happens next when the expected outcome is achieved? Obviously you're going to celebrate but also you always want to improve.

And when a program reaches its desired outcomes there's usually room for improvement still and your valuation will give you some information for improvements to make.

And with such a successful program, surely you'll want to replicate it by implementing the program again. And of course, evaluation is never over. With subsequent replications you're going to want to continue evaluating so you can continue to celebrate, improve and replicate.

Reaching your desired outcomes helps to make the argument for continued (replication) and that means continued funding of your program. Evaluation is integral to the sustainability of successful programs. And as we saw from our logic model, a thorough needs and resource assessment is the foundation for identifying the appropriate priority population and program as well as setting you up for your evaluation.

So what happens if the expected outcome is not achieved? Well, you're going to want to check to see if the intervention was appropriate for the - excuse me. I'm getting ahead of myself. You're - first you're going to want to verify the needs assessment was thorough and complete. You're going to want to determine if additional resources or new data will inform the process.

You're going to want to make sure that the intervention was appropriate for the priority populations, so going back to your needs and resource assessment. Did that information lead you to the intervention you selected? Confirming that the determinants were appropriate for the behaviors that you were selecting.

So if you wanted to increase correct and consistent use of condom use, did you select determinants that were relevant to that, such as increasing

knowledge about condoms and condom skills practice and the self-efficacy to use condoms and negotiate for the use of condoms?

And you want to be sure that the organization has the capacity to implement the intervention as it was written. If there weren't enough staff to cover implementing the intervention, covering all the lessons. That, for example, would be a capacity issue.

So this brings us to the end of the presentation part of today but now I'd like to open the floor for questions and comments.

Coordinator: Thank you. At this time we are ready to begin the question and answer session. If you would like to ask a question, please press star 1. Please unmute your phone and record your first and last name when prompted. And to withdraw the question you can press star 2. Once again, if you'd like to ask a question, please press star 1. One moment please for the first question.

Once again, it's star 1 if you'd like to ask a question. At this time there are no questions. One has just come into the queue. (Eduardo Barksdale), your line is open.

(Eduardo Barksdale): Yes, I was wondering with collecting data, would it be appropriate to use a - the youth advisory board numbers for keeping us in touch with information as it comes in?

Gina Desiderio: So involving youth in the data collection process. Is that your question?

(Eduardo Barksdale): Yes it is.

Gina Desiderio: Yes, certainly I identified using youth on your - in your workgroup because it's so important to have their feedback and have their participation in the process. It helps you for the buy in. It helps you to gain support for implementing your program. And it also helps you to have greater reliability on the accurate results of your assessment.\

So assigning them roles as appropriate could be very helpful for you in completing your needs and resource assessment as well as making sure that that's - it's an accurate assessment.

(Eduardo Barksdale): Right. Okay, thank you.

Coordinator: The next question is from (Joyce Richardson).

(Joyce Richardson): Do you know when we may have access to the slides that we just reviewed?

Gina Desiderio: I believe you have access currently. Is that correct Amy?

Amy Margolis: I'm not sure. We can definitely send the slides out if you haven't received them and then we'll be posting the slides along with the recording up on our Web site probably in the next week.

(Joyce Richardson): Thank you.

Amy Margolis: Absolutely.

Coordinator: The next question is from (Kelly Edmonson).

(Kelly Edmonson): I was wondering if you could please repeat that long list you had regarding the determinants of behavior.

Gina Desiderio: Sure. And I'll go back on the slide too.

(Kelly Edmonson): Okay.

Gina Desiderio: These are - these seven groups are ones that Dr. Kirby has identified as most relevant to changing that behavior. Sorry, it just takes a little bit with the animation.

So first is knowledge. And it's really a group of determinants because if you're going to have a complete logic model you'd probably write on one line, knowledge about pregnancy, knowledge ab- next line, knowledge about STIs. So it's really a group but that knowledge is a key part but, of course, we know knowledge alone isn't enough to change behavior, that these other determinants, when taken in concert altogether, if you've got a good combination of these, you've got a better chance at changing the behavior.

And so Kirby found that these were determinants that, one, had a strong causal effect on their sexual risk taking behavior and then also, too, there's a feasibility or change that organizations could expect to make some progress with youth when they're working on these determinants.

So you have the knowledge determinants. You have perception of risks, so they're feeling that I'm vulnerable. I could get pregnant. I could get an STI or HIV. Their values and peer norms about sex - when's an okay age to start having sex, how they feel about that, as well as their attitudes and peer norms about condoms and contraception. Do my friends use condoms? Are condoms okay - those attitudes and beliefs.

The skills to use condoms, the skills to negotiate condom use, to refuse sex. Those kinds of skills are very important. And not just the skills themselves but also the confidence, the self-efficacy to use those skills. Communication with parents or other adults. We know that there's lots of research out there about the benefits of parent/child communication or communication with other adults who are important in their lives.

And then intention. Do they intend to avoid sex? Do they intend to use a condom if they are going to engage in sex? Are they - do they intend to try to avoid a pregnancy?

Coordinator: Are we ready for the next question?

Gina Desiderio: Yes.

Coordinator: Thank you. (Andrea Willis), your line is open.

(Andrea Willis): Yes, good afternoon. Can you give some guidance sort of, if you will, sample size. If our organization chooses to use surveys as part of our community needs assessment, so what would be a good number of respondents to look for?

Gina Desiderio: I'd say, think about what your capacity first, and what's your timing and how quickly you need to implement this assessment because certainly that's a factor, not just in getting the survey out but also in getting it completed and then also analyzing it. So what's a manageable number for you?

Also consider your community. So if you're focusing on your local high school and they've got - I don't know. They could be a small high school and have 600 or 800 students. It could be a very large high school and have in the

number of thousands. So what's a sample size that's representative for you for your community?

So that's really a question that you've got to think about in terms of your capacity to complete the assessment, your timeline for completing the assessment, how quickly you want to be able to analyze that and then what's representative for your community.

(Andrea Willis): Thank you.

Coordinator: The next question is from (Mercy Moya).

(Mercy Moya): Hi. I was just wondering which particular (unintelligible) Dr. Kirby was referenced in this presentation?

Gina Desiderio: Emerging Answers 2007.

(Mercy Moya): Okay, Emerging Answers.

Gina Desiderio: Yes. And inside Emerging Answers, he updated his previous work on risk and protective factors.

(Mercy Moya): Okay.

Gina Desiderio: So that's included within that but he also sites the original paper for his research on I think it's important risk and protective factors.

(Mercy Moya): Okay, thank you.

Coordinator: And once again, if you'd like to ask a question, please press star 1. One moment please. At this time there are no further questions.

Amy Margolis: Okay, well I guess if there are no more questions, we just want to thank everybody for joining us today. There is a tip sheet that went along with the Webinar for today and you should've received that by email. If you didn't, please contact your project officer and let them know. And then like I said, earlier the tip sheet, the recording of the slides and the slides themselves will all be up on the OEH Web site probably within the next week.

So thank you Gina so much. Thank you everyone for joining us. And we'll talk all of you soon.

Gina Desiderio: Thank you.

Coordinator: Thank you everyone for participating on today's conference. The conference has concluded so you may disconnect at this time.

END