Teen Pregnancy Prevention Program

December 31
2012

Quarterly Outcome Evaluation Progress Report

This quarterly report summarizes all outcome evaluation activities completed by NICRP for the period of September 1 – November 30, 2012.

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Teen Pregnancy Prevention Program Timeline

Project Evaluation

September - November 2012

Quarterly Progress Report

This quarterly progress report summarizes all outcome evaluation activities completed by NICRP for the period of September 1, 2012 – November 30, 2012. Table 1 below outlines the timeline for Year Three of the Southern Nevada Health District's Teen Pregnancy Prevention Program.

Table 1. Tasks and Timeline for Outcome Evaluation

Month	Date	Activity
September	9/1/2012	Modified 1st Quarter Reporting Period Begins
November	11/30/12	1st Quarter Reporting Period Ends
December	12/31/12	1st Quarter Report Due
February	2/28/13	2nd Quarter Reporting Period Ends
March	3/31/13	2nd Quarter Report Due
May	5/31/13	3rd Quarter Reporting Period Ends
June	6/30/13	3rd Quarter Report Due
August	8/31/13	Year 3 Reporting Period Ends
September	9/30/13	Year 3 Evaluation Report Due

Information provided in this report includes 1) a general description of activities completed this quarter, 2) a summary of participant demographics, 3) progress toward the five outcome goals, and 4) a list of potential barriers to the completion of activities related to the outcome evaluation. Additionally, Appendix A provides detailed demographic information for program participants. As explained in the Year 2 Annual Report, the assessment of the program goals included in this report and all subsequent reports relies on a cumulative dataset beginning with Year 2.

1. Description of Activities

Activities Completed September – November 2012

Participant Enrollment

During this quarter, the Nevada Institute for Children's Research and Policy (NICRP) enrolled 135 participants into the evaluation. Of the 135 participants that were enrolled, 107 completed the course and completed both the pre- and post-survey.

Courtesy Calls

Those participants that complete the course and agree to be contacted for the follow-up surveys are contacted approximately one month after completing the course for a courtesy call. The purpose of the courtesy call is to remind participants about the 3- and 6-month follow-up surveys, confirm or update participant contact information, and to identify invalid or out of date contact information in order to improve the 3- and 6-month follow-up survey response rates.

This quarter, 129 participants became due for a courtesy call. NICRP completed courtesy calls for 120 (93%) participants but was unable to reach 9 (7.0%) participants due to invalid or out of date contact information. When these participants become due for their 3-month follow-up survey, NICRP will attempt to reach them using the contact information initially provided because occasionally phone numbers are reactivated. However, if the contact information is still invalid or out of date, one of the partner agencies will be contacted to request additional contact information for the participant.

Follow-Up Surveys

This quarter, NICRP administered 153 follow-up surveys. Of these, 94 were 3-Month follow-up surveys and 59 were 6-Month follow-up surveys. All of the follow-up surveys completed this quarter were for Year 2 participants; No Year 3 participants became due for a follow-up survey this quarter.

The current 3-Month follow-up survey response rate is 49.3% (279 completed of 566 due). The current 6-Month follow-up survey response rate is 42.9% (159 completed of 371 due). Again, these responses rates only include Year 2 participants because no Year 3 participants have become due for a follow-up survey.

Participants who have completed the course at the probation sites currently have the highest follow-up survey response rates. Among probation participants, the 3-month follow-up survey response rate is 58.5% (131 completed of 224 due) and the 6-month follow-up survey response rate is 55.5% (66 completed of 119 due).

Voluntary Withdrawals

Of the 573 Year 2 participants that completed the course and initially agreed to complete the 3- and 6-month follow-up surveys, 2 withdrew from the evaluation when contacted for the courtesy call, 14 participants withdrew at the 3-month follow-up, and 9 withdrew at the 6-month follow-up.

To date, no Year 3 participants have voluntarily withdrawn from the evaluation.

Data Uploads to OAH Online System

During this quarter NICRP completed five data uploads to the Office of Adolescent Health's Performance Measures website. These five uploads included the participants from the last 4 weeks of project Year 2. All of the required Year 2 data was successfully uploaded to the OAH website. As of the start of Year 3, per OAH instructions, this data is no longer uploaded to the OAH website.

Trainings

For the next phase of the project, SNHD will be delivering the Be Proud! Be Responsible! curriculum to youth at a variety of sites in the community and will be responsible for pre- and post-survey administration. Therefore, Dawn L. Davidson, Ph.D., a research analyst at NICRP, conducted training on survey administration for SNHD project staff on November 28, 2012. The training included a review of reliability and validity and the factors that can threaten both with regard to survey administration for the evaluation. Copies of the surveys that will be used at the community sites were also distributed and survey administration protocol was reviewed.

Survey Modifications

OAH no longer requires the project to administer or report participant responses to the perceived impact questions. Therefore, these questions were removed from the post-survey and both follow-up surveys. Additionally, NICRP and SNHD met this quarter to review all of the survey items to determine which items were repetitive or not relevant to measuring the project outcome goals in an attempt to streamline the data collection process. Unnecessary survey items were removed from each survey. The modified pre- and post-surveys have been used with Year 3 project participants. Once Year 3 project participants become due for follow-up surveys, they will be administered the modified versions of the follow-up surveys. The Year 2 participants continue to be administered the older version of the follow-up surveys.

In addition to modifying the surveys for the "core" project participants (those recruited from Detention, Probation, and Foster Care), NICRP and SNHD met and determined which survey items to include in the surveys that will be administered when the program is expanded to community based sites. Participants completing the program at the community sites will only be administered pre- and post-surveys. SNHD will be responsible for administering these surveys.

2. Participant Demographics

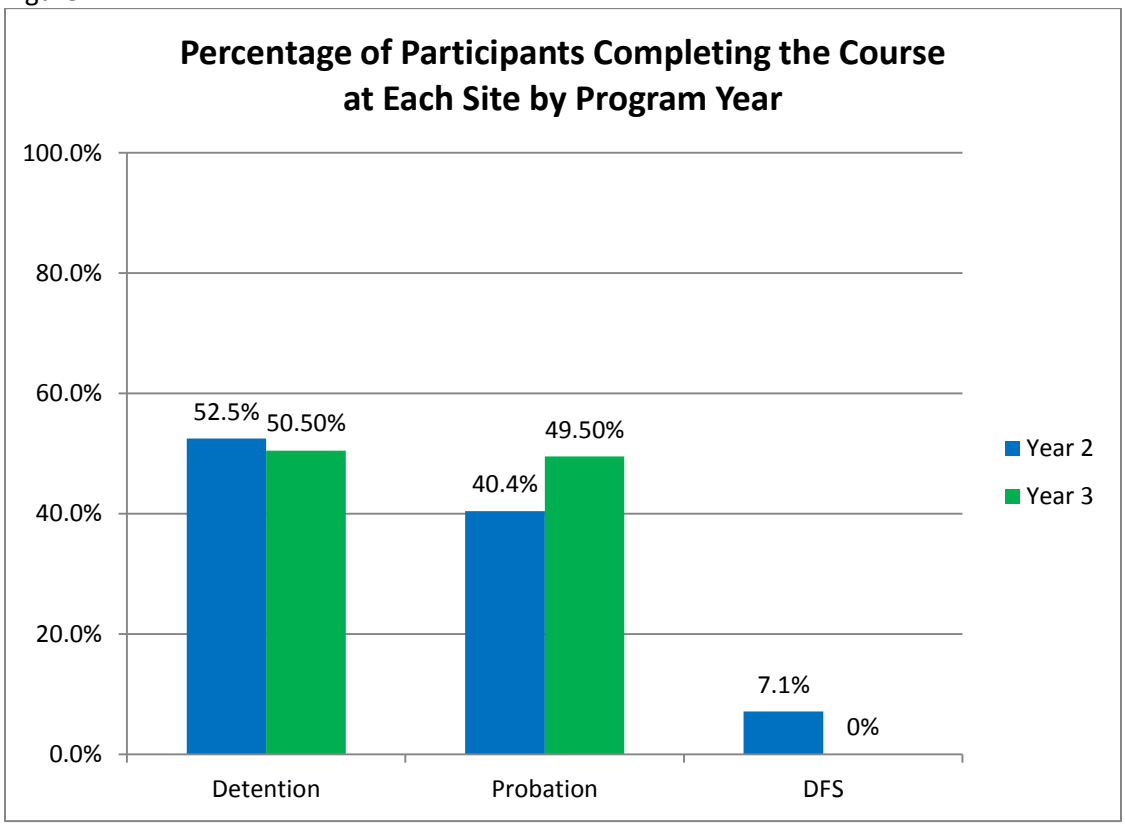
As of November 30, 2012, a total of 878 youth (from Year 2 and Year 3) have participated in the program and of those, 709 (80.8%) completed the course. Following is an overview of demographics for those Year 2 and Year 3 participants that completed the course. For more detailed information, see Appendix A.

Of the 709 program participants that completed the course, 526 reported that they were male (74.2%) and 177 reported that they were female (25%), 6 participants (0.8%) chose not to answer when asked their gender.

Of the participants that completed the program, 663 (93.5%) provided a grade level or reported that that they were not currently enrolled in school. Of those participants reporting a grade level, most participants reported being in 11th (26.6%) or 10th grade (22.4%). Of those participants reporting an age, most participants were 17 (31.8%) or 16 (28%) years of age (see Appendix A for full results).

The majority of the participants completed the course at detention (52.2%) as compared to probation (41.7%) and foster care (6%). Figure 1 illustrates the percentage of participants completing the program at the different sites by project year.

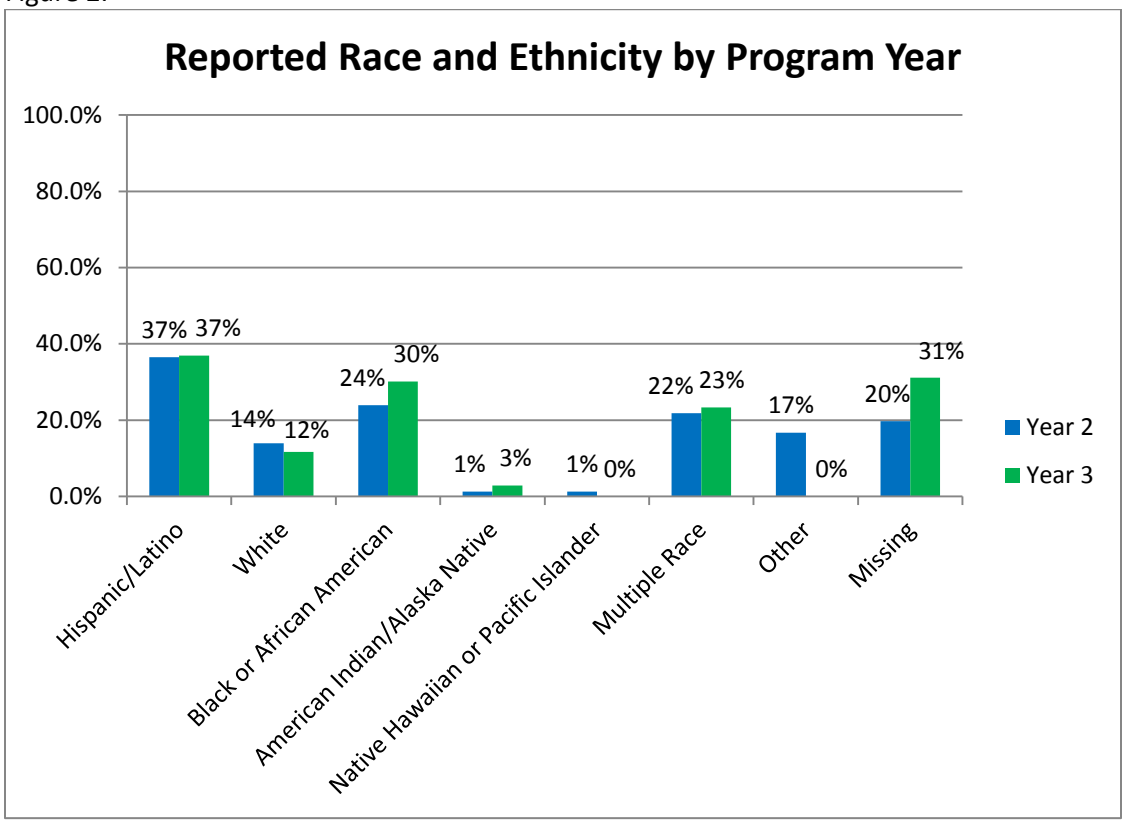
Figure 1.



Race and Ethnicity were asked separately on the questionnaire but are presented in one graph (See Figure 2). Of the 709 participants that completed the course, 558 (78.7%) participants provided data regarding race and 641 (94.1%) participants answered the question about ethnicity. It is interesting to note that of the 259 participants that reported that their ethnicity was Hispanic/Latino, 103 (39.8%) did not indicate their race. On the other hand, of the 382

participants that indicated that they were not Hispanic/Latino, only 4 (1%) did not indicate their race. It is possible that those participants that indicated that they were Hispanic/Latino felt as though this sufficiently described their racial identity.

Figure 2.



Full demographic information for the Year 2 and Year 3 participants can be found in Appendix A.

3. Progress toward Outcome Goals

Progress toward the 5 outcome goals for the program is addressed in the sections that follow. Within each section, the outcome goal is stated, the progress toward the goal is summarized, the methodology used to measure the goal is described, and detailed results of the analyses are reported.

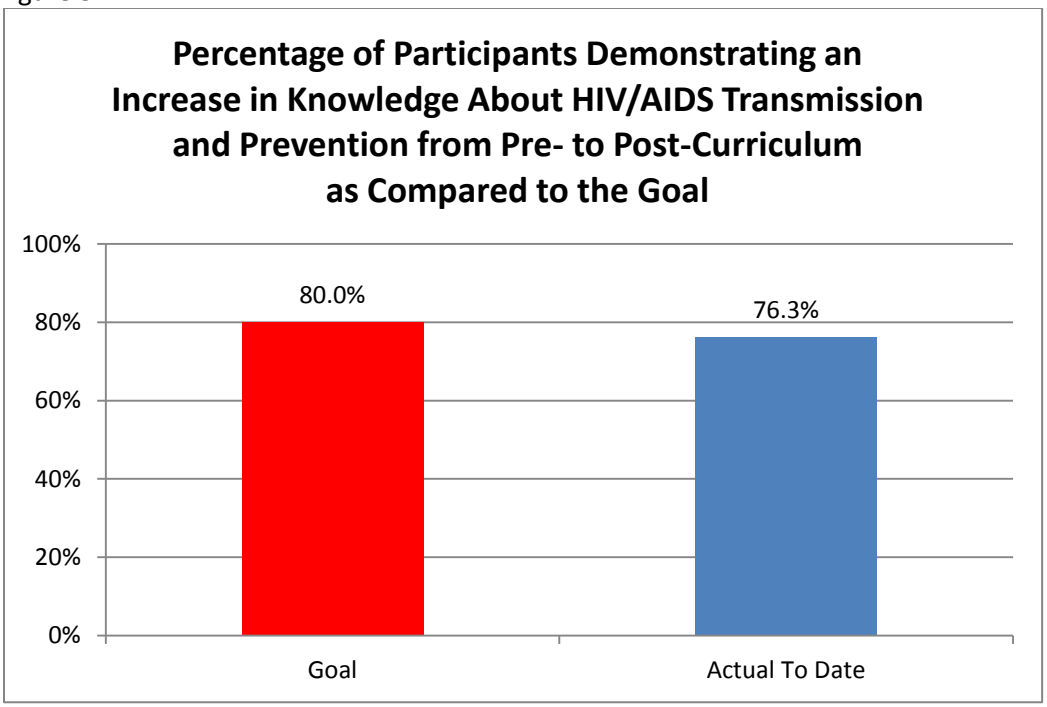
Progress toward each of the goals was assessed by cumulatively analyzing all Year 2 and Year 3 data that had been collected through November 30, 2012. Only data for those Year 2 and Year 3 participants that completed the course were included in the analyses. If additional exclusion criteria were used to determine the outcome goal status, it is noted within the particular section.

Outcome Goal 1. Increase in HIV/AIDS Knowledge – *NOT MET*

Stated Goal – 80% of participants will report an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum.

Actual Completion – As of November 30, 2012, as seen in Figure 3, 76.3% of program participants demonstrated an increase in HIV/AIDS transmission and prevention knowledge, therefore the Southern Nevada Health District has NOT met their goal.

Figure 3.



Detailed Findings for Participants

Participant knowledge of HIV/AIDS transmission and prevention was measured through the administration of 10 True/False statements. The 10 True/False statements were administered to participants at pre-survey (prior to the start

of the curriculum) and at post-survey (immediately following the last module in the curriculum). An increase in knowledge was defined as correctly answering at least one additional question on the post-survey than was answered on the pre-survey.

Data assessing this goal are provided in the following ways: the percentage of participants whose HIV/AIDS knowledge increased, decreased, and did not change from pre-survey to post-survey and the average number of correct knowledge items on the pre-survey and post-survey. Additionally, a paired samples t-test was performed to determine if there was a statistically significant difference between participant pre- and post-survey scores on the knowledge items.

Participants were only included in these analyses if they completed the course, had valid pre- and post-survey scores on the knowledge items, and did not earn a perfect score (10/10) on the pre-survey knowledge items.

As of November 30, 2012, of those participants that completed the course, 628 had valid pre-survey scores, 638 had valid post-survey scores, and 576 had valid scores on both the pre- and post-survey. Of those participants with a valid pre- and post-survey score, 66 earned a perfect score of 10/10 on the pre-survey. Because these participants already demonstrated the knowledge about HIV/AIDS transmission and prevention that is provided by the course, it is impossible for their scores to increase. These individuals were excluded from the analyses in order to measure the true effectiveness of the program for individuals who do not already have this knowledge. Therefore, 510 participants were included in the analyses of progress toward this goal.

Of the 510 participants included in the analyses, 76.3% (389) demonstrated an increase in knowledge about HIV/AIDS transmission and prevention following the course, 6.3% (32) demonstrated a decrease in knowledge, and 17.5% (89) demonstrated no change in knowledge immediately following the course. See Table 2.

Table 2. Change in HIV/AIDS Knowledge and Transmission

Change in HIV/AIDS Knowledge from Pre-Survey to Post-Survey	Year 2 Participants (n=434)	Year 3 Participants (n=76)	All Participants (n=510)
Increase in Knowledge	76.3% (331)	76.3% (58)	76.3% (389)
No Change in Knowledge	17.7% (77)	15.8% (12)	17.5% (89)
Decrease in Knowledge	6% (26)	7.9% (6)	6.3% (32)
Total	**100% (434)**	**100% (76)**	**100% (510)**

Note. *Only those participants that completed the course, had valid pre- and post-survey scores, and did not receive a perfect score (10/10) on the pre-survey knowledge assessment were included in this analysis.*

Prior to the course, the average score on the 10 HIV/AIDS True/False statements was 79% (7.9 correct out of 10 possible points) and the average score after the course was 92% (9.2 correct out of 10 possible points).

A paired samples t-test was performed on the total scores from the pre- and post-surveys. The average score improved by 1.25 (SD=1.25), and the results from the paired samples t-test [$t(509)=22.71$, $p<.000$] show a statistically significant difference between the pre- and post-survey scores indicating that overall, participant scores significantly improved after participation in the course.

Outcome Goal 2. Increase in Intention to Abstain – *NOT MET*

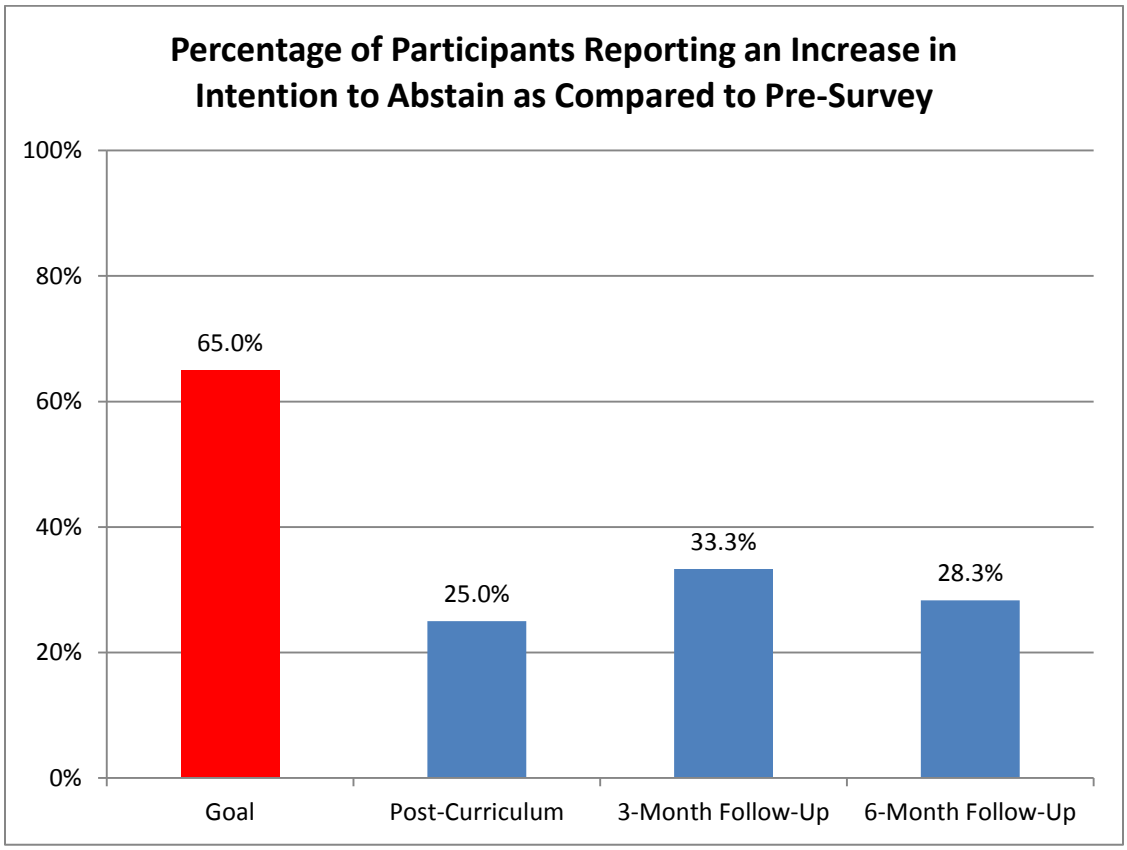
Stated Goal – 65% of participants will report an increase in intention to abstain from sex at least 6 months post-curriculum.

Actual Completion – As of November 30, 2012, as seen in Figure 4, analyses indicate that the intention to abstain score, when compared to pre-curriculum, increased for:

- 25% of program participants immediately following course completion
- 33.3% of participants at 3-month follow-up
- 28.3% of participants at 6-month follow-up

Although intention to abstain scores increased at all post-curriculum time points as compared to pre-curriculum, the Southern Nevada Health District has NOT met their goal of increasing intention to abstain by 65% at least 6 months post-curriculum.

Figure 4.



Detailed Findings for Participants

This goal was assessed by comparing participant responses to the question, "Do you intend to have sexual intercourse in the next year, if you have the chance?" at pre-survey, to participant responses to the same question post-curriculum and at 3- and 6-month follow-up. Response options ranged from 1 ("Yes, definitely") to 4 ("No, definitely not").

Of the participants that completed the course, 598 had valid responses to the intention question on both the pre- and post-survey, 243 had valid responses on both the pre-survey and 3-month follow-up survey, and 133 had valid responses on both the pre-survey and 6-month follow-up survey. Participants were excluded from the analyses measuring this goal if, at pre-survey, they responded "No, definitely not" to the question, "Do you intend to have sexual intercourse in the next year, if you have the chance?" They were excluded because their intention to abstain could not increase. This exclusion criterion eliminated 26 participants from the pre- to post-survey comparison, 9 participants from the pre-survey to 3-month follow-up survey, and 6 participants from the pre-survey to 6-month follow-up survey comparison.

As seen in Table 3, as compared to pre-survey, 25% (143) of the participants reported an increase in their "intention to abstain" at post-survey, 33.3% (78) reported an increase at 3-month follow-up, and 28.3% (36) reported an increase at 6-month follow-up.

Table 3. Change in Intention to Abstain from Pre-Survey

Change in Intention to Abstain	Post-Survey (n=572)	3-Month Follow-Up Survey (n=234)	6-Month Follow-Up Survey (n=127)
Increase in Intention	25% (143)	33.3% (78)	28.3% (36)
No Change in Intention	65.7% (376)	57.7% (135)	62.2% (79)
Decrease in Intention	9.3% (53)	9% (21)	7.5% (12)
Total Participants	**100% (572)**	**100% (234)**	**100% (127)**

Note. Participants were excluded from the analyses if they did not provide valid data on the pair of surveys being compared and responded "No, definitely not" when asked at pre-survey, "Do you intend to have sexual intercourse in the next year, if you have the chance?"

A repeated measures ANOVA with a Greenhouse-Geisser correction indicates that there was a statistically significant difference among the pre-surveys, post-surveys, 3-month follow-up surveys, and 6-month follow-up surveys with regard to the intention to abstain score, $F\ (2.69, 242.08) = 4.67$ at $p < .01$.

Post hoc tests using the Bonferroni correction indicate statistically significant differences between participant intention to abstain at pre-survey and all other survey time points. See Table 4. This indicates that intention to abstain from sex significantly increased post-curriculum and remained high in comparison to pre-curriculum testing at 3-months and 6-months follow-up.

Table 4. Average Intention Response Score Across Survey Time Points

	Pre-Survey (n=91)		Post-Survey (n=91)		3-Month Follow-Up Survey (n=91)		6-Month Follow-Up Survey (n=91)			
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F(2.69, 242.08)*	*p*
Intention to Abstain Score	1.37[abc]	.53	1.62[a]	.74	1.62[b]	.61	1.56[c]	.64	4.67	.005*

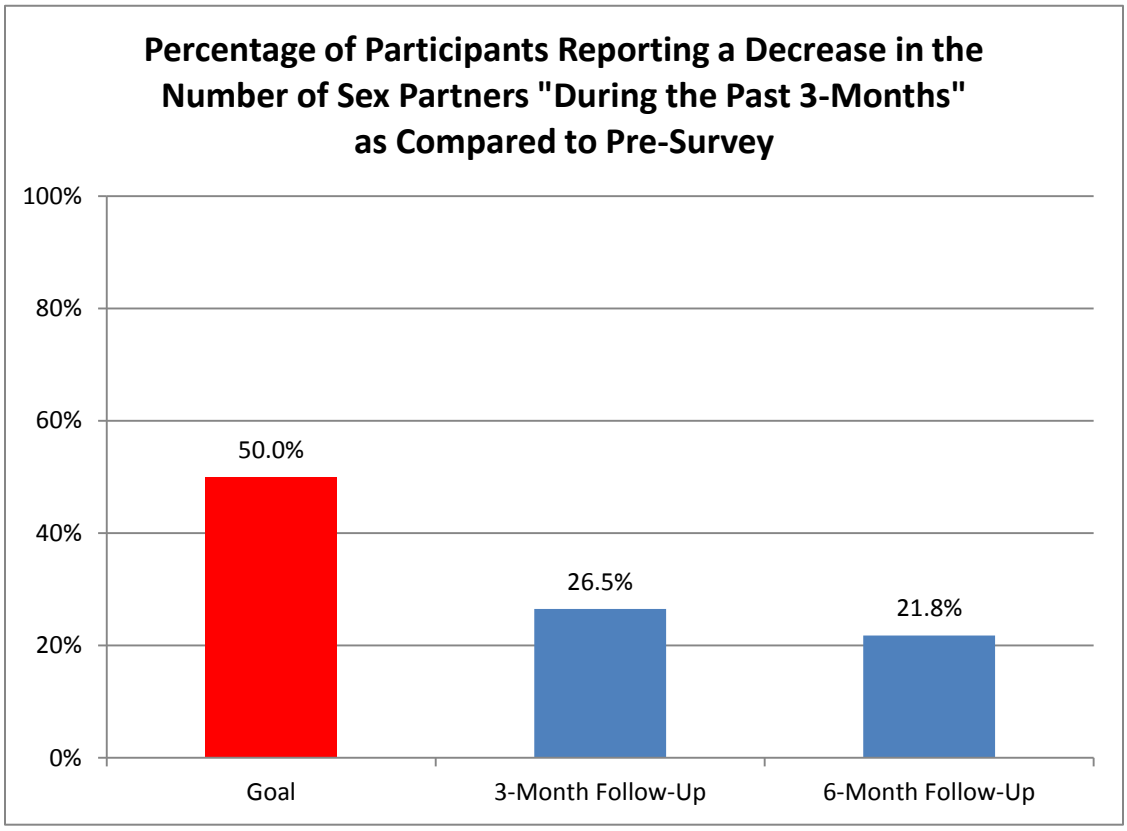
**Mean difference is significant at the .01 level.*
Note: Cells sharing the same superscript statistically significantly differ at p < .05; Averages and standard deviations given for only those participants that provided an answer to the question on all 4 surveys and excludes those participants who responded, "No, definitely not" when asked at pre-survey, "Do you intend to have sexual intercourse in the next year, if you have the chance?"

Outcome Goal 3. Reduction in Sex Partners – *NOT MET*

Stated Goal – 50% of program participants will report a reduction in sex partners as compared to pre-curriculum testing.

Actual Completion – As of November 30, 2012, as seen in Figure 5, the number of reported sex partners "during the past 3-months" decreased for 26.5% of participants from pre-survey to the 3-month follow-up survey. The number of reported sex partners "during the past 3-months" decreased for 21.8% of participants from pre-survey to 6-month follow-up survey. Therefore, the Southern Nevada Health District has NOT met the goal of 50% of program participants reporting a decrease in the number of reported sex partners as compared to pre-curriculum testing.

Figure 5.



Detailed Findings for Participants

The third outcome goal is for 50% of program participants to report a reduction in sex partners as compared to pre-curriculum testing. To assess this goal, the question "During the past 3 months, with how many people did you have sexual intercourse?" was asked on the pre-survey and the 3-month and 6-month follow-up surveys.

Based on their survey responses, certain participants were excluded from the analyses used to assess this goal. The conditions for exclusion from analysis included (1) participants who did not have a valid pair of surveys needed for comparison, (2) participants who indicated at pre-survey that they had never had sex, (3) participants who reported "0" sex partners on the pre-survey and 3-month follow-up surveys or the pre-survey and 6-month follow-up surveys, and (4) participants who responded "illogically" regarding sexual activity (stated that they had never had sex, but then answered several questions about their sexual history or stated on the pre-survey that they were sexually active but at follow-up reported that they had never had sex).

Of the participants that met the inclusion criteria listed above, 98 had a valid response to the question, "During the past 3 months, with how many people did you have sexual intercourse?" on both the pre-survey and 3-month follow-up survey. A total of 55 participants met the inclusion criteria and had valid responses on both the pre-survey and 6-month follow-up survey.

As seen in Table 5, as compared to pre-survey, 26.5% (26) of participants reported a decrease in the number of sex partners "during the past three months" at 3-month follow-up, and 21.8% (12) of participants reported a decrease at 6-month follow-up.

Table 5. Change in Number of Reported Sex Partners from Pre-Survey

Change in Number of Partners	*3-Months (n=98)*	*6-Months (n= 55)*
Increase in Number of Partners	19.4% (19)	18.2% (10)
No Change in Number of Partners	54.1% (53)	60% (33)
Decrease in Number of Partners	26.5% (26)	21.8% (12)
Total	**100% (98)**	**100% (55)**

Note. Participants were excluded from the analysis if they (1) did not have a valid pair of surveys needed for comparison, (2) responded that they had never had sex, or (3) reported having "0" sex partners on both the pre- and 3-month follow-up survey or on the pre- and 6-month follow-up survey.

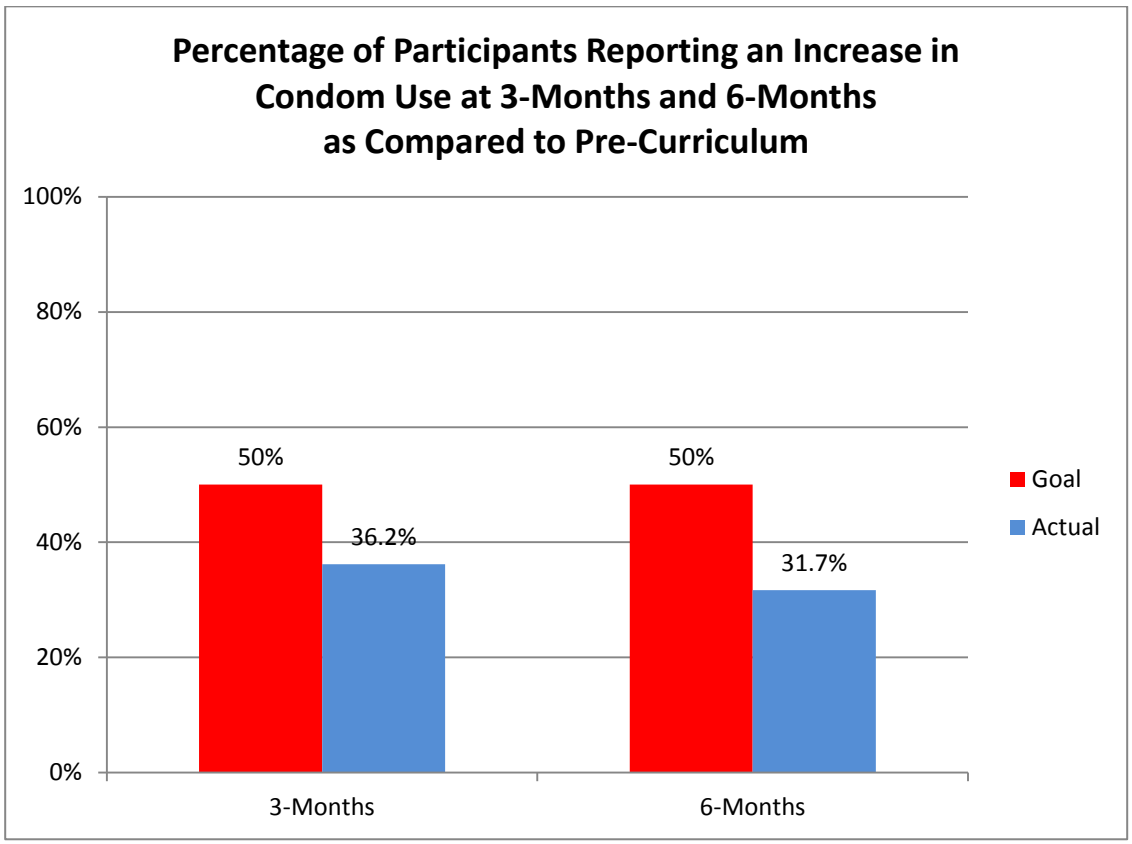
Two paired samples t-tests were conducted to determine if participants reported a significant decrease in the number of partners "during the past three months" at either of the follow-up intervals as compared to pre-survey. Although the mean number of partners decreased from pre-survey to both follow-up time points, results from the paired samples t-test indicate that there was not a statistically significant difference in the number of sex partners between the pre-survey (M = 1.78, SD = 1.22) and the 3-month follow-up survey (M = 1.58, SD = .97) time period, [$t(97) = 1.78$, $p = .079$]. Additionally, there was not a statistically significant difference between the pre-survey ($M = 1.93$, $SD = 3.32$) and the 6-month follow-up survey ($M = 1.45$, $SD = 1.05$) time period, [$t(54) = 1.00$, $p = 322$].

Outcome Goal 4. Increase in Condom Use – *NOT MET*

Stated Goal – 50% of program participants will report an increase in condom use at 3 months and 6 months compared to pre-curriculum testing.

Actual Completion – As of November 30, 2012, as seen in Figure 6, condom use increased for 36.2% of participants from pre-curriculum testing to the 3-Month Follow-Up Survey and for 31.7% of participants from pre-curriculum testing to the 6-Month Follow-Up Survey. Therefore, the Southern Nevada Health District did not meet the goal of having 50% of program participants report an increase in condom use at 3 months and 6 months as compared to pre-curriculum testing.

Figure 6.



Detailed Findings for Participants

The fourth outcome goal is for 50% of the program participants to report an increase in condom use at 3 months and 6 months as compared to pre-curriculum testing. To assess this goal, the question "How often do you use condoms during sexual intercourse?" was asked on the pre-survey and on the 3- and 6-month follow-up surveys. Response options ranged from "Never" to "Always" with a total of 7 response options. For analyses, response options were recoded to a scale of 0 – 4 (0 = never use condoms, 4 = always use condoms). The response options of "Sometimes", "If I have a condom available to me", and "Only if my partner asks me to use a condom" were collapsed into one response category representing the "sometimes" response category (2 = sometimes).

Participants were excluded from these analyses (1) if they reported at pre-survey that they had never had sex, (2) if their responses were "illogical" (stated that they had never had sex, but then answered several questions about their sexual history or stated on the pre-survey that they were sexually active but at follow-up reported that they had never had sex) (3) if they did not have a valid pre-, 3-, or 6-month follow-up survey score, and (4) if they reported on the pre-survey that they "Always" use condoms.

Of those participants who completed the course and met the inclusion criteria as noted above, 149 had a valid response to this question on both the pre-survey and 3-month follow-up survey and 82 had valid responses on both the pre-survey and 6-month follow-up survey.

As seen in Table 6, as compared to pre-survey, 36.2% (54) of participants reported an increase in condom use at 3-month follow-up and 31.7% (26) of participants reported an increase in condom use at 6-months.

Table 6. Change in Condom Use from Pre-Survey

Change in Condom Use	Pre-Survey to 3-Month Follow-Up Survey (n=149)	Pre-Survey to 6-Month Follow-Up Survey (n=82)
Increase in Condom Use	36.2% (54)	31.7% (26)
No Change in Condom Use	47.7% (71)	58.5% (48)
Decrease in Condom Use	16.1% (24)	9.8% (8)
Total Participants	**100% (149)**	**100% (82)**

Note. Participants were excluded from this analysis if they (1) reported at pre-survey that they have never had sex,(2) gave "illogical" responses, (3) did not have a valid pair of surveys needed for comparison, or (4) reported at pre-survey that they "always" use condoms.

Two paired samples t-tests were conducted to determine if participants reported a significant increase in condom use at either of the follow-up time points as compared to pre-survey. Results from the paired samples t-test indicate that there was a statistically significant difference in condom use between the pre-survey (M = 2.15, SD = .77) and the 3-month follow-up survey (M = 2.46, SD = .83) time period, [$t(148) = 3.99$, $p = .000$]. There was also a statistically significant difference between the pre-survey ($M = 2.09$, $SD = .77$) and the 6-month follow-up survey ($M= 2.41$, $SD = .74$) time period, [$t(81) = 3.30$, $p = .001$]. These results indicate that participants did report an increase in condom use from pre-survey to both 3- and 6-month follow-up.

Outcome Goal 5. Increase in Refusal Skills – *MET*

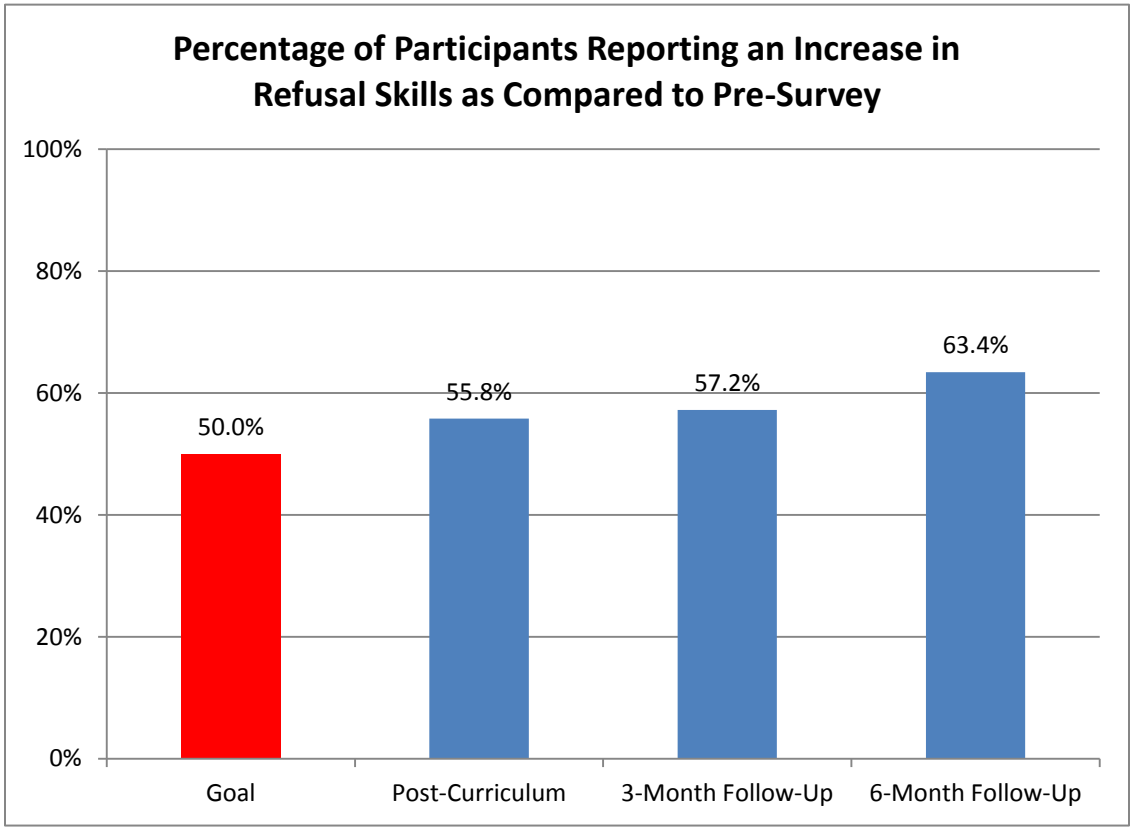
Stated Goal – 50% of program participants will report an increase in refusal skills as compared to pre-curriculum testing.

Actual Completion – As of November 30, 2012, as seen in Figure 7, the "refusal skills" score increased for:

- 55.8% of participants from pre-survey to post-survey
- 57.2% of participants from pre-survey to 3-month follow-up
- 63.4% of participants from pre-survey to 6-month follow-up

Therefore, the Southern Nevada Health District has met the goal of 50% of participants reporting an increase in refusal skills as compared to pre-curriculum testing.

Figure 7.



Detailed Findings for Participants

The fifth outcome goal of the Teen Pregnancy Prevention Program is that 50% of program participants will report an increase in refusal skills at post-survey, 3-months follow-up, and 6-months follow-up as compared to pre-curriculum testing. Refusal skills were assessed by using two questions administered on the pre-survey, post-survey, and the two follow-up surveys. These questions were:

- How easy or hard would it be for you to say "no" to sex?
- If your partner wanted to have sex, how easy or hard would it be for you to get your partner NOT to have sex?

A "refusal skills" score was calculated by averaging participant responses to these two items. Final "refusal skills" scores ranged from 1 – 5 (1 = very hard to refuse sex, 5 = very easy to refuse sex).

To measure this goal, "refusal skills" score differences were calculated between pre-survey and post-survey, pre-survey and 3-month follow-up survey, and pre-survey and 6-month follow-up survey. Participants were excluded from the analyses in measuring this goal if, at pre-survey, they had a refusal score of 5. These participants were excluded because their refusal score could not increase.

Of those participants that did not have a pre-survey "refusal skills" score of 5 (very easy to refuse sex), 527 had a valid score on both the pre- and post-survey, 208 had a valid score on both the pre-survey and 3-month follow-up survey, and 123 had a valid score on both the pre-survey and 6-month follow-up.

As seen in Table 7, 55.8% of participants reported an increase in refusal skills from pre-survey to post-survey, 57.2% reported an increase from pre-survey to 3-month follow-up, and 63.4% reported an increase from pre-survey to 6-month follow-up.

Table 7. Change in Refusal Skills Score from Pre-Survey

Change in Refusal Skills Score	*Post-Survey (n=527)*	*3-Months (n= 208)*	*6-Months (n = 123)*
Increase in Refusal Skills Score	55.8% (294)	57.2% (119)	63.4% (78)
No Change in Refusal Skills Score	26.2% (138)	21.6% (45)	21.1% (26)
Decrease in Refusal Skills Score	18% (95)	21.2% (44)	15.5% (19)
Total	**100% (527)**	**100% (208)**	**100% (123)**
Note. Participants were excluded from this analysis if their pre-survey refusal skills score was 5 (very easy to refuse sex).			

A repeated measures ANOVA indicated that there were statistically significant differences in "refusal skills" scores across the four survey intervals, $F(3, 249) = 16.06$ at $p < .001$. Post hoc tests using the Bonferroni correction indicate statistically significant differences between participant "refusal skills" scores at pre-survey and all other survey time points. See Table 8. This indicates that refusal skills significantly increased post-curriculum and remained high in comparison to pre-curriculum testing at 3-months and 6-months follow-up.

Table 8. Average "Refusal Skills" Scores Across Survey Time Points

	Pre-Survey (n=84)		**Post-Survey (n=84)**		**3-Month Follow-Up Survey (n=84)**		**6-Month Follow-Up Survey (n=84)**			
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*F(3, 249)*	*p*
"Refusal Skills" Score	3.14[abc]	.90	3.64[a]	.88	3.62[b]	1.06	3.74[c]	.97	16.06	.000*
**Mean difference is significant at the .001 level.*										
Note: Cells sharing the same superscript statistically significantly differ at p < .05; Averages and standard deviations given for only those participants that provided an answer to the question on all 4 surveys and excludes those participants who responded, "No, definitely not" when asked at pre-survey, "Do you intend to have sexual intercourse in the next year, if you have the chance?"										

4. Barriers Encountered this Quarter

1. Post-Survey Administration at Probation Sites- At the beginning of the quarter, NICRP had some difficulty administering post-surveys at the probation sites because the youth had lost focus prior to NICRP entering the classroom. On one occasion in particular (10/18/12 at MLK), the Health Educator had passed out the incentives for course completion prior to NICRP administering the post-survey. This made the classroom a bit chaotic and difficult for NICRP staff to follow protocol in terms of survey administration. All but one youth rushed through the survey with no direction and left the classroom prior to the distribution of the follow-up appointment card. Following this incident, NICRP met with the Senior Health Educator/Program Coordinator and asked that the incentive not be distributed until after the post-survey and that the Health Educators promote the value of the post-survey with the youth. There have been no more problems related to post-survey administration since this meeting.

2. Pre-Survey Administration Start Times at Probation Sites- At the beginning of the quarter, NICRP experienced some challenges with regard to the start times of post-survey administration at the probation sites. NICRP arrived at the probation sites at the scheduled time but was asked to wait until after the class's scheduled start time for participants to arrive before administering the survey. In one instance, NICRP waited almost an hour after the scheduled class start time and the class was ultimately cancelled because youth did not show up to participate in the course. After discussing the problem with the Senior Health Educator/Program Coordinator, protocol was established whereby NICRP will close the door and begin pre-survey administration at the scheduled time as long as at least 6 youth are in the classroom. Youth arriving after the scheduled time will be turned away by the Health Educator and asked to reschedule to take the course. If there are not at least 6 youth in the room by the scheduled time, the course will be cancelled. Since implementation of this protocol, NICRP has been tracking the pre-survey administration start and end times at the probation sites. Based on these tracking records, pre-survey administration consistently starts on time at the W. Charleston location. Pre-survey administration has been starting between 10 and 15 minutes late at the MLK site and 15 to 25 minutes late at the Stewart site. Although the scheduled start times are not being strictly adhered to at all locations, NICRP recognizes the need for flexibility in some instances (e.g. probation staff searching each youth prior to being allowed in the classroom). These start and end times will continue to be tracked.

3. Pre-Surveys Administered by SNHD After NICRP Administration- On a few occasions this quarter, NICRP received completed pre-surveys from Health Educators on the day of post-survey administration. These were surveys that health educators administered to participants who arrived after NICRP staff had completed pre-survey administration and left the site on the first day of the course. Survey administration protocol for these surveys was unclear, as NICRP was not aware of when surveys were administered and whether or not participants received any assistance in completing the surveys. It is important that if the Health Educators are administering pre-surveys for youth arriving late, that they are being administered in a consistent manner and that the way in which they are being administered is communicated to NICRP. It is important that youth do not complete the pre-survey after participating in any portion of the course because this will change the baseline data and possibly make any systematic benefits from the course more difficult to detect. This issue was discussed with the Senior Health Educator/Program Coordinator and will be addressed with Health Educators.

Appendix A. Participant Demographics

	Year 2 (n = 606)		Year 3 As of November 30, 2012 (n = 103)		Total (n = 709)	
Demographic Variable	Count (N)	Percent (%)	Count (N)	Percent (%)	Count (N)	Percent (%)
Gender	**606**	**100%**	**103**	**100%**	**709**	**100%**
Male	450	74.3	76	73.8	526	74.2
Female	150	24.8	27	26.2	177	25.0
Missing	6	1.0	0	0	6	.8
Age	**606**	**100%**	**103**	**100%**	**709**	**100%**
11	0	0	1	1.0	1	.1
12	6	1.0	1	1.0	7	1.0
13	33	5.4	4	3.9	37	5.2
14	59	9.7	13	12.6	72	10.2
15	112	18.5	16	15.5	128	18.1
16	168	27.7	30	29.1	198	27.9
17	191	31.5	34	33.0	225	31.7
18	33	5.4	4	3.9	37	5.2
More than or Equal to 19	2	0.3	0	0	2	.3
Missing	2	0.3	0	0	2	.3
Grade Level	**606**	**100%**	**103**	**100%**	**709**	**100%**
6th Grade	2	0.3	1	1.0	3	.4
7th Grade	15	2.5	0	0	15	2.1
8th Grade	62	10.2	9	8.7	71	10.0
9th Grade	85	14.0	11	10.7	96	13.5
10th Grade	122	20.1	21	20.4	143	20.2
11th Grade	146	24.1	24	23.3	170	24.0
12th Grade	106	17.5	20	19.4	126	17.8
GED	7	1.2	2	1.9	9	1.3
College	5	0.8	0	0	5	.7
Not Currently in School	21	3.5	4	3.9	25	3.5
Missing	35	5.8	11	10.7	46	6.5
Ethnicity	**606**	**100%**	**103**	**100%**	**709**	**100%**
Hispanic or Latino	221	36.5	38	36.9	259	36.5
Not Hispanic or Latino	333	55.0	49	47.6	382	53.9
Missing	52	8.6	16	15.5	68	9.6
Race	**606**	**100%**	**103**	**100%**	**709**	**100%**
American Indian/Alaska Native	8	1.3	3	2.9	11	1.6
Asian	9	1.5	1	1.0	10	1.4
Black or African American	145	23.9	31	30.1	176	24.8
Native Hawaiian or Pacific Islander	8	1.3	0	0	8	1.1
White	84	13.9	12	11.7	96	13.5
Multiple Races	132	21.8	24	23.3	156	22.0
Other	101	16.7	0	0	101	14.2
Missing	119	19.7	32	31.1	151	21.3

	Year 2 (n=606)		Year 3 (n = 103)		Total (n=)	
Demographic Variable	Count (N)	Percent (%)	Count (N)	Percent (%)	Count (N)	Percent (%)
Home Language	**606**	**100%**	**103**	**100%**	**709**	**100%**
English	385	63.5	63	61.2	448	63.2
Spanish	49	8.1	8	7.8	57	8.0
Multiple Languages	122	20.1	20	19.4	142	20.0
Other	4	0.7	1	1.0	5	.7
Missing	46	7.6	11	10.7	57	8.0
"Single Parent" Household?	**606**	**100%**	**103**	**100%**	**709**	**100%**
Yes	282	46.5	41	39.8	323	45.6
No	271	44.7	50	48.5	321	45.3
Missing	53	8.7	12	11.7	65	9.2
Program Implementation Location	**606**	**100%**	**103**	**100%**	**709**	**100%**
Detention	***318***	***52.5***	***52***	***50.5***	***370***	***52.2***
Unit E-2	108	17.8	16	15.5	124	17.5
Unit E-3/E-7	124	20.5	19	18.4	143	20.2
Unit E-5	86	14.2	17	16.5	103	14.5
Probation	***245***	***40.4***	***51***	***49.5***	***296***	***41.7***
Martin Luther King, Jr.	76	12.5	20	19.4	96	13.5
Stewart	72	11.9	16	15.5	88	12.4
Charleston	57	9.4	15	14.6	72	10.2
Flamingo	40	6.6	0	0	40	5.6
Foster Care (SAFY)	***43***	***7.1***	***0***	***0***	***43***	***6.0***

Note. Demographic information only provided for those participants that completed the course (N=709). The total number of enrolled participants was 878.