

2012

# Teen Pregnancy Prevention Program

Year Two Outcome Evaluation Report for the  
Southern Nevada Health District

This is the Year Two Evaluation Report for the Southern Nevada Health District's  
Teen Pregnancy Prevention Program.



# Nevada Institute For Children's Research & Policy

# NICRP

This report was prepared by the Nevada Institute for Children's Research and Policy through a contract with the Southern Nevada Health District

## NICRP Staff Contributors

Dawn L. Davidson, Ph.D.  
Research Analyst

Tara Phebus, M.A.  
Interim Executive Director

Alyson Baker, B.A.  
Graduate Research Assistant

## About the Nevada Institute for Children's Research and Policy

The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization whose primary goal is to advance the well-being of children in Nevada. As a research center in the School of Community Health Sciences at the University of Nevada, Las Vegas, NICRP is dedicated to conducting academic and community-based research that helps guide the development of policies, practices, and programs which serve to enhance the health and well-being of children and families. For more information about NICRP, please contact us or visit our website at

<http://nic.unlv.edu>.

Nevada Institute for children's Research and Policy  
School of Community Health Sciences, UNLV  
4505 S Maryland Parkway, Box 453030  
Las Vegas, NV 89154-3030  
Phone: (702) 895-1040  
Email: [tara.phebus@unlv.edu](mailto:tara.phebus@unlv.edu)  
Web: <http://nic.unlv.edu>

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## 1. Executive Summary

In the fall of 2010 the Southern Nevada Health District (SNHD) was awarded funding from the Federal Office of Adolescent Health to implement an evidence based teen pregnancy prevention curriculum. They have partnered with the Department of Juvenile Justice Services and the Clark County Department of Family Services to offer this curriculum to the youth in juvenile detention, probation, and life skills classes for youth aging out of the foster care system. The Nevada Institute for Children’s Research and Policy (NICRP) has been contracted to complete the outcome evaluation for this program and is collecting data to help measure the program’s progress toward meeting its goals. The program will be implemented over a five year period with the goal of reducing teen pregnancy and birth rates, as well as the rate of sexually transmitted infections among adolescents in Southern Nevada. To achieve these goals, the SNHD selected two evidence based curriculums: Be Proud! Be Responsible! and ¡Cuidate!. Both are designed to educate youth about protecting themselves from sexual health risks. Adolescents who participated in the program also completed surveys to allow for an evaluation of the program’s impact on their knowledge, attitudes, and behaviors related to sexual health.

There were 752 youth who participated in Year Two of the program and of those, 593 (78.9%) completed the course and the pre- and post-surveys required for the current evaluation. Youth from juvenile detention, probation, and foster care centers between the ages of 12 and 18 participated in the Teen Pregnancy Prevention Program. To date, 387 Year Two participants have become eligible for the 3-month follow-up survey and 175 have been completed for a 3-month follow-up survey response rate of 45.2%. There are 226 Year Two participants that have become eligible for a 6-month follow-up survey of which 98 have been completed, for a 6-month follow-up survey response rate of 43.4%.

Year One of this project was considered a “pilot” year to allow for adjustments in curriculum implementation, venues, and survey instruments. During Year One there were several iterations of the surveys used and therefore, the Year One Pilot data will not be included cumulatively with the Year Two dataset or with future project data. In the current report, comparisons are made to the Year One Pilot, when available and appropriate. Some comparisons are not available because the question used to measure a particular goal has been changed completely from Year One and some comparisons are not appropriate because the response options for a question were changed from Year One to Year Two. Going forward, it is expected that few, if any, adjustments to program implementation and survey instrumentation will be made. Therefore, future reporting on program outcomes will rely on a cumulative dataset beginning with Year Two.

## *Findings from Year Two*

The Southern Nevada Health District chose to focus on five measurable goals that serve as indicators of improved sexual health and safety for the target population and would likely help to reduce teen pregnancy and STI occurrence. Each of these goals, and SNHD's progress toward these goals, are discussed in more detail below.

At the time of this report, 387 Year Two participants have become eligible for the 3-month follow-up survey and 175 have been completed for a 3-month follow-up survey response rate of 45.2%. There are 226 Year Two participants that have become eligible for the 6-month follow-up survey of which 98 have been completed, for a 6-month follow-up survey response rate of 43.4%. It is important to note that the status of many of the outcome goals in this report is based on less than half of all program participants' survey responses and this should be taken into consideration when evaluating the true impact of the program.

Following is a brief description of each goal, how it was measured, and the findings for Year 2.

### ***OUTCOME GOAL 1: 80% of program participants will report an increase in knowledge about HIV/AIDS transmission and prevention immediately following the curriculum***

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Program participants were surveyed prior to and immediately following course completion. At both points of measurement, participants were asked a series of ten true/false questions designed to measure knowledge about HIV/AIDS transmission and prevention. Of the participants that completed the course and the entire series of questions both before and after the course:

- 76% demonstrated an increase in knowledge (answered at least one more question correctly after completing the course)
- 17.9% demonstrated no change in knowledge
- 6.1% demonstrated a decrease in knowledge of (answered at least one less question correctly after completing the course)

The Southern Nevada Health District is approaching its goal but did not meet the goal of having 80% of program participants demonstrate an increase in knowledge about HIV/AIDS transmission and prevention immediately following the curriculum.

### ***OUTCOME GOAL 2: 65% of program participants will report an increase in intention to abstain from sex at least 6 months post-curriculum***

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This goal was assessed by comparing participant responses at pre-survey to the question, "Do you intend to have sexual intercourse in the next year, if you have the chance?" to participant responses to the same question 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 and provided valid responses to the question on both surveys being compared, the intention to abstain score, when compared to pre-curriculum, increased for:

- 26.6% of participants immediately following course completion
- 31.3% of participants at 3-month follow-up
- 29.4% of participants at 6-month follow-up

The Southern Nevada Health District did not meet the goal of having 65% of program participants report an increase in intention to abstain from sex at least 6 months post-curriculum.

***OUTCOME GOAL 3: 50% of program participants will report a reduction in sex partners as compared to pre-curriculum testing***

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To assess this goal, the question “During the last 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. Participant responses to this question at pre-survey were compared to the responses at 3- and 6-month follow-up.

Participants were excluded from the analyses (1) if they did not have a valid pair of survey responses to compare (pre-survey and 3-month or pre-survey and 6-month), (2) if they indicated at pre-survey that they had never had sex, (3) if they reported “0” sex partners on the pre-survey and 3-month follow-up surveys or the pre-survey and 6-month follow-up survey, and (4) if they 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). The number of reported sex partners “during the last 3-months” decreased for:

- 25.4% of participants from pre-curriculum to 3-months post-curriculum
- 20% of participants from pre-curriculum to 6-months post-curriculum

The Southern Nevada Health District did not meet the goal of having 50% of program participants report a reduction in the number of sex partners at follow-up as compared to pre-curriculum testing.

***OUTCOME GOAL 4: 50% of program participants will report an increase in condom use at 3 months and 6 months compared to pre-curriculum testing***

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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. Participant responses to this question at pre-survey were compared to the responses at 3- and 6-month follow-up. Response options ranged from “Never” to “Always” with a total of 7 response options. For analysis, response options were recoded to a scale of 0 – 4 (0 = never use condoms, 4 = always use condoms). The reported frequency of condom use increased for:

- 31.8% of participants from pre-curriculum to 3-months post-curriculum
- 28.3% of participants from pre-curriculum to 6-months post-curriculum

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.

***OUTCOME GOAL 5: 50% of program participants will report an increase in refusal skills as compared to pre-curriculum testing***

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Refusal skills were assessed by participant responses to two questions administered on each of the surveys. These questions were:

1. How easy or hard would it be for you to say “no” to sex?
2. If your partner wanted to have sex, how easy or hard would it be for you to get your partner NOT to have sex?

To calculate a refusal skills score, the responses to these two questions were numerically coded and averaged for each participant. Final refusal skills scores ranged from 1 – 5 (1 = very hard to refuse sex, 5 = very easy to refuse sex).

Participant refusal skills scores at pre-survey were compared to the refusal skills scores at post-survey and 3- and 6-month follow-up. The refusal skills score increased for:

- 55.4% of participants from pre-survey to post-survey
- 56.1% of participants from pre-survey to 3-month follow-up survey
- 64.2% of participants from pre-survey to 6-month follow-up survey

The Southern Nevada Health District did meet the goal of having 50% of program participants report an increase in refusal skills as compared to pre-curriculum testing. This goal was met at each post-curriculum survey time point.

## 2. Introduction

In the spring of 2011, the Southern Nevada Health District began implementation of two evidence-based curricula with the goal of reducing pregnancy and birth rates, as well as the rate of sexually transmitted infections among adolescents in Southern Nevada. The negative consequences of teenage pregnancy are numerous for both teenage parents and their offspring (Salihu et al., 2011). However, teen pregnancy is not the only negative outcome the Southern Nevada Health District hopes to alleviate with the implementation of these programs. In 2000, it was estimated that almost half of all new sexually transmitted diseases affected young people between the ages of 15 and 24 (Weinstock, Berman & Cates, 2000). The same behaviors that lower the risk of pregnancy – abstinence, consistent and correct use of condoms, and minimizing one’s number of sex partners – also reduce the risk of HIV infection. By increasing abstinence and safe sex practices, the Southern Nevada Health District hopes to lower the rate of sexually transmitted infections as well as unplanned pregnancies by 10% by the year 2015 in Nevada.

Incarcerated youth are at exceptionally high risk for negative sexual health outcomes such as teenage pregnancy and HIV infection (Bryan, Schmiege & Broaddus, 2009; Magura, Kang, & Shapiro, 1994). Youth in foster care are also more likely to experience unplanned pregnancies than the general population (McGuinness, Mason, Tolbert, & DeFontaine, 2002). The Southern Nevada Health District is targeting these high risk youth by implementing the Teen Pregnancy Prevention Program in detention, probation, and foster care.

### Selected Curricula

The Southern Nevada Health District is using two evidence-based curricula (*Be Proud! Be Responsible!* and *iCuidate!*) to achieve its goals. *iCuidate!* is an adaptation of the *Be Proud! Be Responsible!* curriculum tailored for Hispanic and Latino youth.

#### *Be Proud! Be Responsible!*

*Be Proud! Be Responsible!* is a curriculum developed by Jemmott, Jemmott, and McCaffree. The curriculum was designed to modify behavior and increase knowledge about sexual issues while fostering a sense of responsibility about sexual health. The program is also intended to build a sense of community and instill pride in making safe and healthy decisions. The curriculum is taught in six modules that address knowledge, attitude, and skills regarding sexual decision-making. The curriculum is delivered through the format of role-play, group discussions, games, videos, and demonstrations. Originally, the program was designed to be implemented in one five-hour session with 5-6 youths, but it has also been successful with larger groups when split up over the course of multiple sessions (Office of Adolescent Health).

This well-researched curriculum has been shown to increase knowledge about HIV and other sexual health issues as well as impact and increase the intention to abstain from risky behaviors and increase self-reported refusal and negotiation skills (Jemmott, Jemmott & Fong, 1992; Jemmott, Jemmott & Fong; 1998; Morris, Ulmer & Chimnai, 2003; Borawski et al., 2009).

#### *iCuidate!*

*iCuidate!*, meaning “take care of yourself,” was adapted from the *Be Proud! Be Responsible!* curriculum by Villarruel, Jemmott, and Jemmott. The program incorporates important Hispanic and Latino cultural beliefs such as familialism and machismo to communicate the importance of risk-reduction and sexual health. The program is delivered in the same format as the *Be Proud! Be Responsible!* curriculum (Office of Adolescent Health).

Although there is less research available for the *iCuidate!* curriculum, one evidence-based study found that program participants were less likely than a control group to have sex, and more likely to use condoms consistently (Villarruel, Jemmott & Jemmott, 2006). Based on the success of these programs with males and females and different racial/ethnic groups, these curricula were selected for the Southern Nevada Health District’s Teen Pregnancy Prevention Program.



## Timeline for Year Two

The Nevada Institute for Children’s Research and Policy (NICRP) serves as the outcome evaluator for the Southern Nevada Health District’s Teen Pregnancy Prevention Program. NICRP used four surveys (pre-survey, post-survey, 3-month follow-up survey, and a 6-month follow-up survey) to assess whether the Southern Nevada Health District’s Teen Pregnancy Prevention Program was meeting its stated program goals.

The pre-survey is completed prior to program participants receiving the curriculum in order to establish a baseline. The post-survey is administered immediately following the completion of the sixth and final module of the curriculum. Follow-up surveys are administered 3- and 6-months after the course completion date. Table 1 illustrates a detailed timeline for Year Two activities related to the outcome evaluation.

**Table 1. Timeline for Year Two**

Month	Date	Activity
<b>October</b>	10/3/11 – 10/7/11	Finalize Outcome Monitoring Tools
	10/11/11	Data collection begins at detention site
	10/18/11	Data collection begins at probation sites
<b>December</b>	12/31/11	1 <sup>st</sup> Quarter Ends
<b>January</b>	1/31/12	1 <sup>st</sup> Quarter Report Due – Includes analysis of Year 1 Pilot data
<b>March</b>	3/13/12 – 4/6/12	“Pilot Evaluation” for Detention
	3/19/12 – 4/13/12	“Pilot Evaluation” for Probation Sites
	3/31/12	2 <sup>nd</sup> Quarter Ends
<b>April</b>	4/30/12	2 <sup>nd</sup> Quarter Report Due – Includes analysis of Year 1 Pilot data
<b>June</b>	6/30/12	3 <sup>rd</sup> Quarter Ends
<b>July</b>	7/31/12	3 <sup>rd</sup> Quarter Report Due
<b>August</b>	8/13/12	Data collection ends at detention
	8/13/12 – 8/31/12	Detention site Year End Evaluation
	8/20/12	Data collection ends at probation sites
	8/20/12 – 8/31/12	Probation Sites Year End Evaluation
<b>September</b>	9/30/12	Year 2 Evaluation Report Due

### 3. Outcome Evaluation Plan

Progress toward the outcome goals of the Southern Nevada Health District's (SNHD) Teen Pregnancy Prevention Program is measured using participant responses to questions on a series of surveys. The pre-survey serves as the baseline measurement for participants and consists of a Sexual History Questionnaire and an Outcome Monitoring Tool. The Sexual History Questionnaire includes questions about participant sexual health and behavior. The Outcome Monitoring Tool includes questions about HIV/ AIDS knowledge, intention to abstain from sex, and self-efficacy in making sexual decisions. The post-survey and follow-up surveys include only the Outcome Monitoring Tool.

#### **Pre-Survey**

Prior to the first day of the course, the pre-survey is administered by the Nevada Institute for Children's Research and Policy (NICRP) staff. The pre-survey consists of a Sexual History Questionnaire and an Outcome Monitoring Tool which together measure baseline knowledge and participant attitudes and behaviors regarding sexual health.

NICRP staff begins the pre-survey administration by reading the participants an informed consent/confidentiality statement which explains their participation in the entire program evaluation process including a discussion of follow-up surveys and the incentive schedule. Youth are asked to indicate whether or not they agree to participate in the evaluation and any questions they have about the evaluation process are answered. If youth do not want to participate in the evaluation but do want to participate in the program they are allowed to complete the curriculum and are not required to complete any surveys. Participants who are willing to participate in the follow-up portion of the evaluation are asked to complete a Contact Information Form. This form allows participants to indicate their preferred method of contact for follow-up survey completion (e.g., phone numbers, addresses, email, and text messages).

After participants have been read the informed consent/confidentiality statement, indicated whether or not they want to participate, and have completed the Contact Information Form, NICRP staff reads the pre-survey aloud to the participants. Upon initial testing of the survey, NICRP recognized great variability in literacy levels for program participants. Therefore, to ensure that all participants have the opportunity to complete the surveys, NICRP reads the survey aloud and asks participants to follow along and mark their responses on the survey. This process also allows NICRP staff to read all definitions for "sex" and "birth control" as indicated on the survey to help ensure consistency in question and response interpretation.

#### **Post-Survey**

NICRP staff administers the post-survey immediately following completion of the last module of the curriculum. The same procedure used for administering pre-surveys is used to administer post-surveys, including reading the informed consent/confidentiality statement and the survey out loud. The post-survey consists of only the Outcome Monitoring Tool and is used to identify changes in attitudes, or knowledge from the pre-survey.

#### **Follow-up Surveys**

Those participants who agree to participate in the follow-up evaluation of the program complete a Contact Information Form during pre-survey administration. This information is used to contact participants for a courtesy call and to complete the 3- and 6-month follow-up surveys.

Participants are contacted one month after course completion 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 and out of date contact information in order to improve the 3- and 6-month follow-up survey response rates.

NICRP staff begins to attempt to contact participants for their 3- and 6-month follow-up surveys 3 and 6 months after course completion. Although contact may occur via phone, text, email, or letter, all follow-up surveys are conducted over the telephone. Once a participant is reached by phone and agrees to take the survey, they are read the informed

consent/confidentiality statement and are asked to verify their date of birth. After 3-month follow-up survey completion, participants are asked to provide any updated contact information and are reminded about the 6-month follow-up survey. Following completion of a follow-up survey, participants are asked if they would like to pick-up their gift card from SNHD or if they would like it mailed to them. This information is then forwarded to SNHD staff so that they can provide the participant with a gift card.

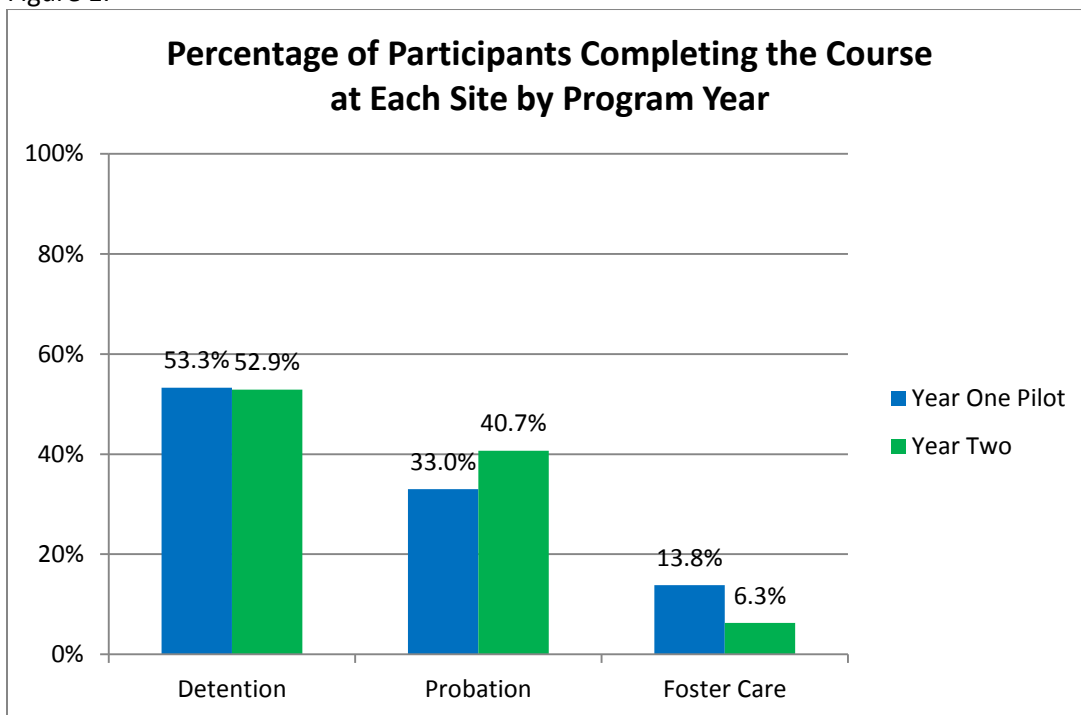
## 4. Participant Demographics

There were 752 youth who participated in Year Two of the program and of those, 599 (79.7%) completed the course. Following is an overview of demographics for those participants that completed the course. For more detailed information, see Appendix A.

Of the 599 Year Two program participants that completed the course, 448 reported that they were male (74.8%) and 145 reported that they were female (24.2%), 6 participants (1%) chose not to answer when asked their gender. There were a considerably higher percentage of male participants that completed the program in Year Two as opposed to the Year One Pilot (57.1%).

During both the Year One Pilot and Year Two, most of the participants completed the course at detention as compared to probation and foster care. Figure 1 illustrates the percentage of participants completing the program at the different sites by project year.

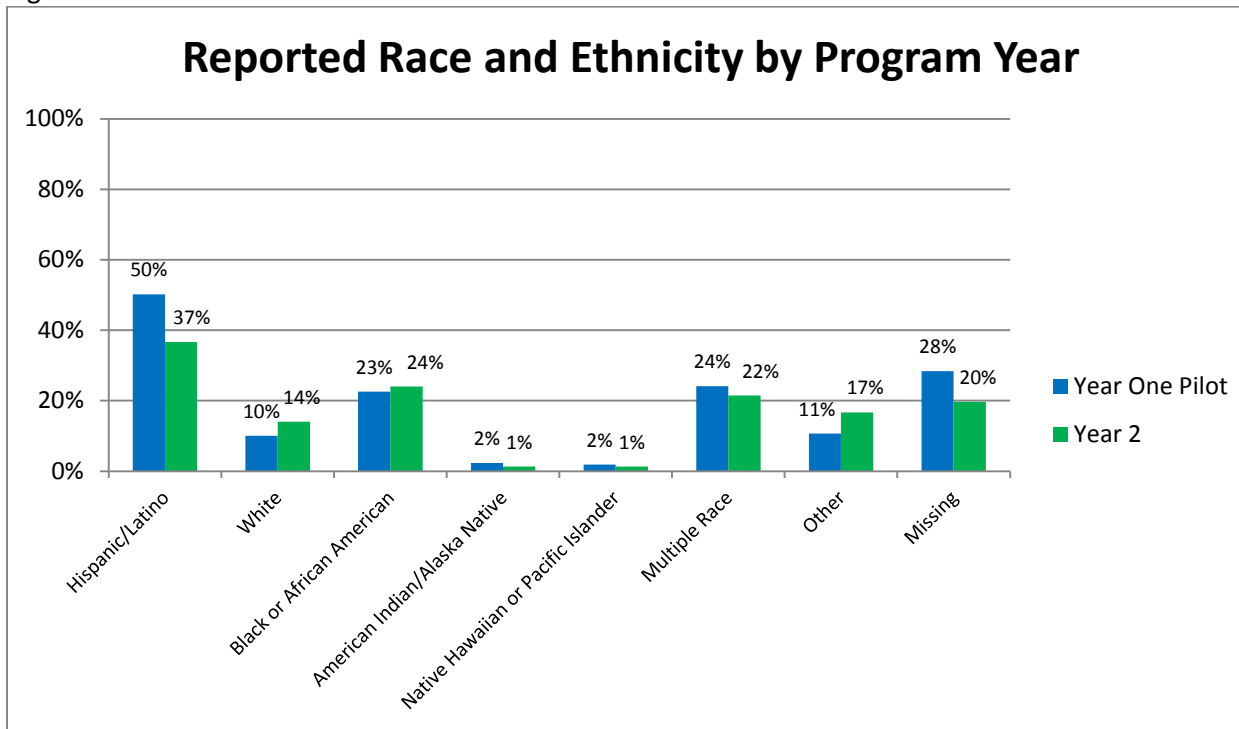
Figure 1.



Race and Ethnicity were asked separately on the questionnaire but are presented in one graph below. Of the 599 completed Year Two surveys, 481 participants provided data regarding race and 548 participants answered the question about ethnicity. It is interesting to note that of the 175 participants that reported that their ethnicity was Hispanic/Latino, 91 (52%) did not indicate their race. On the other hand, of the 399 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.

The reported race and ethnicity distributions of program participants in Year Two are very similar to those of the Year One Pilot. See Figure 2 for information regarding reported race and ethnicity by program year.

Figure 2.



Note: Missing cases include those that did not provide a response when asked for their race. Multiple Race refers to those participants that checked that they were Multiple Race and those that checked more than one box when indicating what race they were. Other refers to those participants that chose to write the race that they identified with on the form rather than checking a box.

Participants were also asked to report their current grade level in school. Of the 599 Year Two participants that completed the program, 564 (94.2%) provided a grade level or reported that they were not currently enrolled in school. The majority of the participants reported that they were in the 11<sup>th</sup> grade. This was true for both the Year One Pilot (21.8%) and Year Two (24%). (See Appendix A for full results).

In an attempt to understand the proportion of participants who may be linguistically isolated, participants were asked about the language/languages most often spoken at home. Participants were able to check both English and Spanish. Of the 599 Year Two participants that completed the course, 380 (63.4%) participants indicated that they spoke English at home, 120 (20%) participants indicated that they spoke both English and Spanish at home, 48 (8%) participants indicated that they spoke Spanish at home, and 4 (.7%) participants did not indicate which language they spoke when at home or with their family. Additionally, 4 participants reported that they spoke other languages in addition to English or Spanish at home (See Appendix A for full results).

As family structure can also be a risk factor associated with poor sexual health, a question was asked about whether or not the participant came from a single parent household. Of the 599 Year Two participants that completed the course, 266 (44.4%) participants reported they did *not* live in a “single-parent” household, 279 (46.6%) reported that they lived in a “single-parent” household, and 54 participants (9%) did not respond to the question (See Appendix A for full results).

## 5. 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 methodology used to measure the goal is described, the results of the analyses are reported, and the progress toward the goal is summarized. If possible, within the goal summary, a comparison is made to the Year One Pilot data. Because the methodology used to measure some of the goals has been modified, these comparisons may not be available or appropriate for all of the goals.

In assessing the progress toward the outcome goals, only the Year Two data for those 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 One

*80% of program participants will report an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum*

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Be Proud! Be Responsible! has consistently shown to increase participants' knowledge about HIV and other STIs, including behaviors that increase risk. Morris, Ulmer and Chimnai (2003) found that the average score on an inventory similar to the one used in our evaluation increased from 62%- 84%. The True/False format has consistently been used by other researchers as well to demonstrate an increase in HIV knowledge resulting from the Be Proud! Be Responsible! curriculum (Jemmott, Jemmott & Fong, 1998; Borawski et al., 2009; Jemmott, Jemmott, & Fong, 1992).

#### Methods

The first outcome goal is for 80% of program participants to demonstrate an increase in knowledge about HIV transmission and prevention immediately following the curriculum. 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 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.

A pre- and post-survey HIV/AIDS knowledge score was calculated for each participant based on the number of correctly answered True/False items. A "change in knowledge" score was then calculated by subtracting the pre-survey score from the post-survey score. The "change in knowledge" score indicates whether a participant's score increased, decreased, or did not change from pre- to post-survey and if it did change, by how much. This "change in knowledge" score is reported to indicate what percentage of participants showed an increase, decrease, and no change in knowledge with regard to HIV/AIDS transmission and prevention. Additionally, a paired samples t-test was conducted to determine if there was a significant difference between the pre- and post-survey scores.

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

#### Results

Of those participants that completed the course, 525 had a valid pre-survey score, 538 had a valid post-survey score, and 483 had a valid score on both the pre-survey and the post-survey. Of those participants with a valid pre- and post-survey score, 54 earned a perfect score of 10/10 on the pre-survey and were excluded from the analysis. Therefore, 429 participants (483 minus 54) were included in the analysis of progress toward this goal.

Of the 429 participants included in the analysis, 76% (326) demonstrated an increase in knowledge about HIV/AIDS transmission and prevention following the course. 6.1% (26) of the participants demonstrated a decrease in knowledge following the course, and 17.9% (77) demonstrated no change in knowledge immediately following the course.

As seen in Table 2, of the three sites at which the curricula are delivered, program participants from detention demonstrated the largest increase in knowledge with 78.4% of participants from this site demonstrating an increase in HIV/AIDS knowledge.

**Table 2. Change in HIV/AIDS Knowledge across All Sites**

<i>Change in HIV/AIDS Knowledge</i>	<i>All Sites (n=429)</i>	<i>Detention (n=231)</i>	<i>Probation (n= 171)</i>	<i>Foster Care (n=27)</i>
<b>Increase in Knowledge</b>	76% (326)	78.4% (181)	73.6% (126)	70.4% (19)
<b>No Change in Knowledge</b>	17.9% (77)	16% (37)	19.9% (34)	22.2% (6)
<b>Decrease in Knowledge</b>	6.1% (26)	5.6% (13)	6.5% (11)	7.4% (2)
<b>Total</b>	<b>100% (429)</b>	<b>100% (231)</b>	<b>100% (171)</b>	<b>100% (27)</b>

*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.*

The average score out of ten for the HIV/AIDS True/False statements was examined for all sites. For all participants, regardless of the program site, the average score prior to the course across all sites was 79% (7.9 correct out of 10 possible points) and the average score after the course was 91% (9.1 correct out of 10 possible points). In addition, a paired samples t-test was performed on the total scores from the pre and post-surveys. The average score improved by 1.24 (SD=1.23), and the results from the paired t-test [ $t(428)=20.75, p<.000$ ] show a statistically significant difference between the pre and post-test scores indicating that overall, participants scores significantly improved after participation in the course.

As seen in Table 3, program participants from detention demonstrated the largest average HIV/AIDS knowledge change score (1.3 points).

**Table 3. Difference between Pre and Post Scores**

<i>Overall Difference Between Average Pre and Post Scores</i>	<i>All Sites (n=429)</i>	<i>Detention (n=231)</i>	<i>Probation (n=171)</i>	<i>Foster Care (n=27)</i>
	+1.24* (SD= 1.23)	+1.30* (SD= 1.20)	+1.23* (SD= 1.30)	+.74* (SD= 1.06)

*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.*

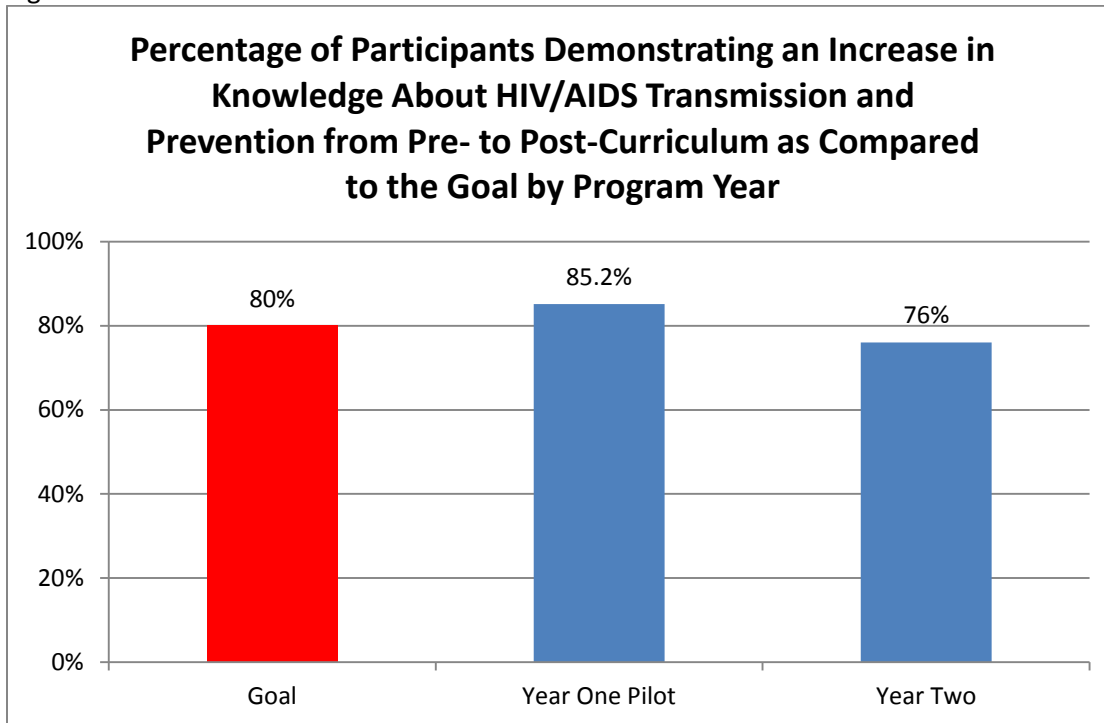
*\*Indicates that this difference is statistically significant at  $p<.01$*

### Progress Summary

With 76% of Year Two program participants demonstrating an increase in knowledge about HIV/AIDS transmission and prevention, the Southern Nevada Health District was close, but did not meet their goal of 80% of program participants reporting an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum.

As seen in Figure 1, this goal was met during the Year One Pilot. However, it is important to note that there was almost two and a half times the number of participants included in the Year Two sample (n = 429) as compared to the Year One Pilot sample (n = 176). This suggests that the Year Two finding might be a more accurate illustration of the impact of the curriculum on knowledge about HIV/AIDS transmission and prevention.

Figure 3.



## Outcome Goal Two

*65% of program participants will report an increase in intention to abstain from sex at least 6 months post curriculum*

Both of the curricula used in the Teen Pregnancy Prevention Program have successfully increased intention to abstain from sex as evidenced in previous studies. Jemmott, Jemmott, and Fong (1992) showed that participants reported an increased intention to abstain following the Be Proud! Be Responsible! course, while Villarruel, Jemmott, and Jemmott (2006) had the same results when testing the iCuidate! curriculum. Both of these studies have shown that the two curricula successfully increased intention to abstain in treatment participants as compared to a control group which did not receive the program.

### Methods

The second outcome goal is for 65% of program participants to report an increase in intention to abstain from sex at least 6 months post-curriculum as compared to pre-curriculum testing. 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 at 3- and 6-month follow up. Response options ranged from 1 (“Yes, definitely”) to 4 (“No, definitely not”).

A participant’s change in intention to abstain was determined by subtracting the pre-survey response score from the post-survey response score. A negative score was deemed an increase in intention to abstain (participant was LESS LIKELY to have sex in the year as compared to pre-survey) and a positive score was deemed a decrease in intention to abstain from sex (participant was MORE LIKELY to have sex in the next year as compared to pre-survey).



## Results

Of the participants that completed the course, 501 had valid responses to the intention question on both the pre- and post-survey, 156 had valid responses on both the pre-survey and 3-month follow-up survey, and 88 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 19 participants from the pre- to post-survey comparison, 6 participants from the pre-survey to 3-month follow-up survey, and 3 participants from the pre-survey to 6-month follow-up survey comparison.

As seen in Table 4, as compared to pre-survey, 26.6% (128) of the participants reported an increase in their “intention to abstain” at post-survey, 31.3% (47) reported an increase at 3-month follow-up, and 29.4% (25) reported an increase at 6-month follow-up.

**Table 4. Change in Intention to Abstain from Pre-Survey**

<i>Change in Intention</i>	<i>Post (n=482)</i>	<i>3-Months (n=150)</i>	<i>6-Months (n= 85)</i>
<b>Increase in Intention</b>	26.6% (128)	31.3% (47)	29.4% (25)
<b>No Change in Intention</b>	64.7% (312)	58.7% (88)	60% (51)
<b>Decrease in Intention</b>	8.7% (42)	10% (15)	10.6% (9)
<b>Total</b>	<b>100% (482)</b>	<b>100% (150)</b>	<b>100% (85)</b>

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 higher percentage of participants who completed the curriculum at probation increased in their intention to abstain at all follow-up time points than those who completed the curriculum at detention or foster care. See Table 6.

**Table 5. Change in Intention to Abstain from Pre-Survey Across Sites**

	Detention			Probation			Foster Care		
	Post	3-Month	6-Month	Post	3-Month	6-Month	Post	3-Month	6-Month
<b>Increase in Intention</b>	23.4% (63)	29.8% (25)	29.2% (14)	32.4% (59)	35.6% (21)	36.7% (11)	19.3% (6)	n/a	n/a
<b>No Change in Intention</b>	67.7% (182)	60.7% (51)	58.3% (28)	61% (111)	54.2% (32)	53.3% (16)	61.3% (19)	n/a	n/a
<b>Decrease in Intention</b>	9.0% (24)	9.5% (8)	12.5% (6)	6.6% (12)	10.2% (6)	10% (3)	19.3% (6)	n/a	n/a
<b>Total Participants</b>	100% (269)	100% (84)	100% (48)	100% (182)	100% (59)	100% (n=30)	100% (31)	(n=7)	(n = 7)

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 indicated 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,  $F(3, 177) = 4.15$  at  $p < .01$ .

Post hoc tests using the Bonferroni correction indicated a statistically significant difference between the pre-survey ( $M = 1.35$ ,  $SD = .55$ ) and the post-survey ( $M = 1.63$ ,  $SD = .74$ ) at  $p < .05$ . There was also a statistically significant difference between the pre-survey and the 3-month follow-up survey ( $M = 1.63$ ,  $SD = .74$ ) at  $p < .01$ . This indicates that intention to abstain from sex significantly increased post-curriculum and 3-months after course completion as compared to pre-curriculum testing. Although participant intention to abstain from sex increased at the 6-month follow-up as compared to pre-curriculum, these differences were not statistically significant.

**Table 6. Average Intention Response Score Across Survey Time Points**

	Pre-Survey (n=60)		Post-Survey (n=60)		3-Month Follow-Up Survey (n=60)		6-Month Follow-Up Survey (n=60)		F(3,177)	p
	M	SD	M	SD	M	SD	M	SD		
<b>Intention to Abstain Score</b>	1.35 <sup>ab</sup>	.55	1.63 <sup>a</sup>	.74	1.63 <sup>b</sup>	.64	1.55	.62	4.15	.001*

\*Mean difference is significant at the .01 level.  
 Note: Cells sharing the same superscript statistically significantly differ; 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?”

### Progress Summary

The Southern Nevada Health District did not meet the goal of having 65% of Year Two program participants report an increase in intention to abstain from sex at least 6 months post-curriculum. The highest percentage of participants reporting an increase in intention to abstain as compared to pre-survey was seen at 3-months post curriculum (31.3%). Although the goal was not met, intention to abstain did statistically significantly increase from pre-survey to post-survey and from pre-survey to 3-months follow-up.

A direct comparison between Year Two and Year One Pilot progress on this goal is not available. The question used to evaluate the progress toward this goal changed beginning with Year Two. During the Year One Pilot, this goal was assessed using the question, “How likely is it that you will have sex in the next 3 months?” Response options for the question were presented as a Likert scale ranging from 1 – 5, (1 = “Very Unlikely”, 5 = “Very Likely”).

### Outcome Goal Three

*50% of program participants will report a reduction in sex partners as compared to pre-curriculum testing*

In previous studies, participants who received the Be Proud! Be Responsible! curriculum have reported having fewer sex partners in the 3 months after receiving the training as compared to the 3 months prior to the training (Jemmott, Jemmott, & Fong, 1992).

### Methods

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 valid pre-survey and 3-month follow-up survey scores or pre-survey and 6-month follow-up scores, (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).

## Results

Of the participants that completed the class and met the inclusion criteria listed above, 63 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 35 participants met the inclusion criteria and had valid responses on both the pre-survey and 6-month follow-up survey.

As seen in Table 7, as compared to pre-survey, 25.4% (16) of participants reported a decrease in the number of sex partners “during the past three months” at 3-month follow-up, and 20% (7) of participants reported a decrease at 6-month follow-up.

**Table 7. Change in Number of Sex Partners from Pre-Survey**

<i>Change in Number of Partners</i>	<i>3-Months (n=63)</i>	<i>6-Months (n= 35)</i>
<b>Increase in Number of Partners</b>	19% (12)	17.1% (6)
<b>No Change in Number of Partners</b>	55.6% (35)	62.9% (22)
<b>Decrease in Number of Partners</b>	25.4% (16)	20% (7)
<b>Total</b>	<b>100% (63)</b>	<b>100% (35)</b>

Unfortunately, so few participants fell into each of the change categories (decrease in number of partners, no change in the number of partners, and increase in the number of partners) for each site that a table depicting these differences is not available.

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 time points 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 ( $M = 1.8, SD = 1.3$ ) and the 3-month follow-up survey ( $M = 1.6, SD = .93$ ) time period, [ $t(62) = 1.332, p = .188$ ]. Additionally, there was not a statistically significant difference between the pre-survey ( $M = 2.2, SD = 4.1$ ) and the 6-month follow-up survey ( $M = 1.5, SD = 1.1$ ) time period, [ $t(34) = 1.05, p = .300$ ].

## Progress Summary

The Southern Nevada Health District did not meet the goal of having 50% of Year Two program participants report a reduction in number of sex partners as compared to pre-curriculum testing. As compared to pre-survey, 25.4% of participants reported a decrease in the number of sex partners “during the past three months” at 3-month follow-up, and 20% of participants reported a decrease at 6-month follow-up.

A direct comparison between Year Two and Year One Pilot progress on this goal is not appropriate. The response options for this question changed from Year One to Year Two. Year Two participants were able to indicate the number of partners they had “during the past three months” if this number was more than 6. Those who participated in the Year One Pilot were not able to indicate how many partners they had if it was more than 6. They were only able to indicate that they had “6 or more” partners.

## Outcome Goal Four

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

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Participants receiving either the Be Proud! Be Responsible! (Jemmott, Jemmott, & Fong, 1992; Jemmott, Jemmott, Fong & Morales, 2010) or the iCuidate! (Villarruel, Jemmott, & Jemmott, 2006) curricula have demonstrated an increase in condom use post-curriculum.

### *Methods*

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.

To determine if program participant condom usage increased, decreased, or did not change, the pre-survey response value was subtracted from the follow-up survey response value. Positive values indicated an increase in condom usage and negative values indicated a decrease in condom usage.

### *Results*

Of those participants who completed the course and met the inclusion criteria as noted above, 107 had a valid response to this question on both the pre-survey and 3-month follow-up survey and 60 had valid responses on both the pre-survey and 6-month follow-up survey.

As seen in Table 8, as compared to pre-survey, 31.8% (34) of all participants reported an increase in condom use at 3-month follow-up and 28.3% (17) of all participants reported an increase in condom use at 6-months.

Among the three implementation sites, participants that completed the program in probation reported the largest increase in condom use at both 3-months (51.3%) and 6 months (42%) as compared to pre-survey. However, these differences across sites should be interpreted with caution because there were so few valid cases included in the analyses at individual sites, especially probation and Foster Care. In fact, the percentages regarding Foster Care outcomes were not included in Table 8 because there were too few valid cases to provide meaningful results.

**Table 8. Change in Condom Use from Pre-Survey across All Sites**

Change in Condom Use	All Sites		Detention		Probation		Foster Care	
	3-Months	6-Months	3-Months	6-Months	3-Months	6-Months	3-Months	6-Months
Increase in Condom Use	31.8% (34)	28.3% (17)	21.2% (14)	15.8% (6)	51.3% (20)	42% (8)	n/a	n/a
No Change in Condom Use	53.3% (57)	60% (36)	63.6% (42)	71.1% (27)	35.9% (14)	41.2% (7)	n/a	n/a
Decrease in Condom Use	15% (16)	11.7% (7)	15.2% (10)	13.1% (5)	12.9% (5)	11.8% (2)	n/a	n/a
<b>Total</b>	<b>100%</b> <b>(107)</b>	<b>100%</b> <b>(60)</b>	<b>100%</b> <b>(66)</b>	<b>100%</b> <b>(38)</b>	<b>100%</b> <b>(39)</b>	<b>100%</b> <b>(17)</b>	<b>n = 2</b>	<b>n = 6</b>

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.

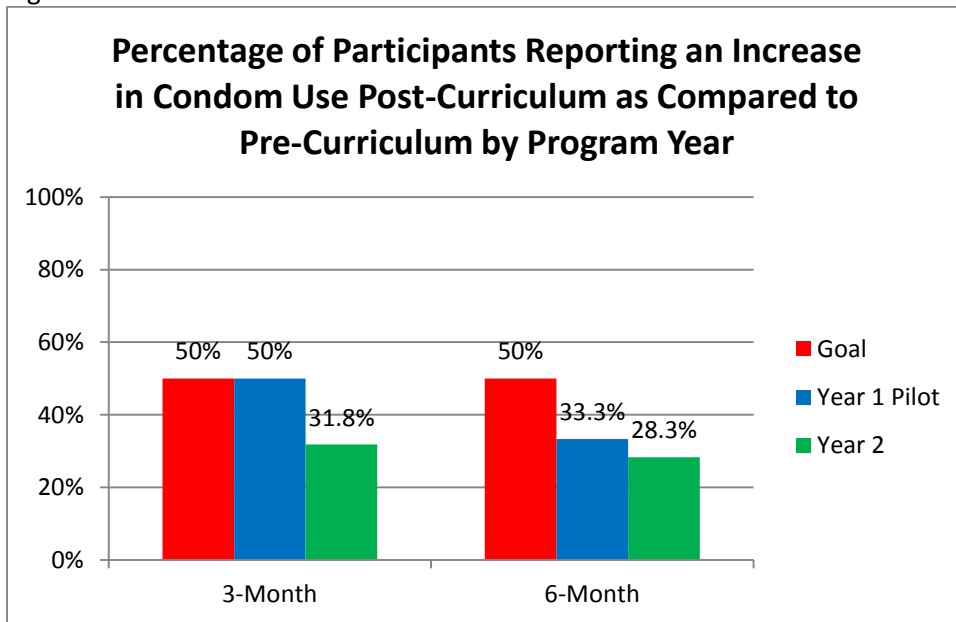
Two paired samples t-tests were conducted to determine if participants reported a significant increase in condom use at either of the follow-up time points as compared to pre-survey. Results from the paired samples t-test indicate that there was a statistically significant difference in condom use between the pre-survey ( $M = 1.9, SD = .83$ ) and the 3-month follow-up survey ( $M = 2.3, SD = .60$ ) time period,  $[t(45) = 2.697, p = .010]$ . Additionally, there was a statistically significant difference between the pre-survey ( $M = 2.0, SD = .80$ ) and the 6-month follow-up survey ( $M = 2.3, SD = .72$ ) time period,  $[t(59) = 2.120, p = .038]$ . These results indicate that participants did report an increase in condom use from pre-survey to both 3- and 6-month follow-up.

**Progress Summary**

The Southern Nevada Health District did not meet the goal of having 50% of Year Two program participants report an increase in condom use at 3-months and 6-months as compared to pre-curriculum testing. As compared to pre-survey, 31.8% of participants reported an increase in condom use at 3-months and 28.3% of participants reported an increase in condom use at 6-months.

As seen in Figure 2, this goal was met during the Year One Pilot at 3-months post-curriculum, but not at 6-months post-curriculum.

Figure 4.



## Outcome Goal Five:

*50% of program participants will report an increase in refusal skills as compared to pre-curriculum testing*

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In a previous study by Morriss, Ulmer, and Chimnani's (2003), participants reported that their refusal skills increased "very much" as a result of the Be Proud! Be Responsible! curriculum. Another study found an increase in refusal skills (compared to control participants) lasting four months, but that increase disappeared one year following curriculum (Borawski et al., 2009).

### Methods

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.

### Results

Of those participants that completed the course and did not have a pre-survey refusal score of 5 (very easy to refuse sex), 433 had a valid score on both the pre- and post-survey, 139 had a valid score on both the pre-survey and 3-month follow-up survey, and 81 had a valid score on both the pre-survey and 6-month follow-up.

As seen in Table 9, 55.4% of participants reported an increase in refusal skills from pre-survey to post-survey, 56.1% reported an increase from pre-survey to 3-month follow-up, and 64.2% reported an increase from pre-survey to 6-month follow-up.

**Table 9. Change in Refusal Skills Score from Pre-Survey**

<i>Change in Refusal Skills Score</i>	<i>Post-Survey (n=433)</i>	<i>3-Months (n= 139)</i>	<i>6-Months (n = 81)</i>
<b>Increase in Refusal Skills Score</b>	55.4% (240)	56.1% (78)	64.2% (52)
<b>No Change in Refusal Skills Score</b>	25.2% (109)	21.6% (30)	21% (17)
<b>Decrease in Refusal Skills Score</b>	19.4% (84)	22.3% (31)	14.8% (12)
<b>Total</b>	<b>100% (433)</b>	<b>100% (139)</b>	<b>100% (81)</b>

Note. Participants were excluded from this analysis if their pre-survey refusal skills score was 5 (very easy to refuse sex).

A higher percentage of participants who completed the curriculum at probation increased in their intention to abstain at all follow-up time points than those who completed the curriculum at detention or foster care. See Table 10.

**Table 10. Change in Refusal Skills Score from Pre-Survey Across Sites**

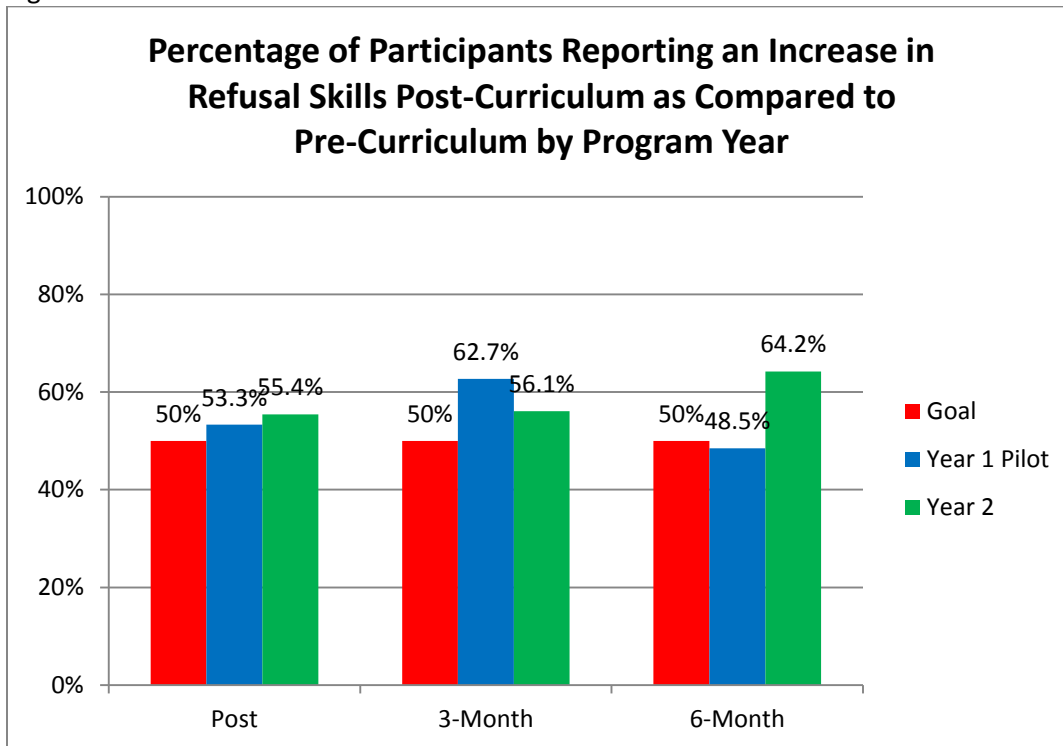
	Detention			Probation			Foster Care		
	Post	3-Month	6-Month	Post	3-Month	6-Month	Post	3-Month	6-Month
<b>Increase in Refusal Skills Score</b>	54.9% (133)	45.2% (37)	53.5% (23)	58.4% (97)	64.9% (37)	78.2% (25)	40% (10)	57.2% (4)	66.7% (4)
<b>No Change in Refusal Skills Score</b>	24.4% (59)	24% (18)	25.6% (11)	24.1% (40)	17.5% (10)	15.6% (5)	40% (10)	28.6% (2)	16.7% (1)
<b>Decrease in Refusal Skills Score</b>	20.6% (50)	26.7% (20)	21% (9)	17.4% (29)	17.6% (10)	6.2% (2)	20% (5)	14.3% (1)	16.7% (1)
<b>Total Participants</b>	100% (242)	100% (73)	100% (43)	100% (166)	100% (57)	100% (32)	100% (25)	100% (7)	100% (6)

**Progress Summary**

The Southern Nevada Health District did meet the goal of having 50% of Year Two program participants report an increase in refusal skills as compared to pre-curriculum testing. As compared to pre-survey, 55.4% of participants reported an increase in refusal skills at post-survey, 56.1% of participants reported an increase in refusal skills at 3-month follow-up, and 64.2% of participants reported an increase in refusal skills at 6-month follow-up.

As seen in Figure 2, this goal was met during the Year One Pilot at post-survey and 3-months post-curriculum, but not at 6-months post-curriculum. Across both program years, this goal was met at all measurement points with the exception of the 6-Month follow-up during the Year One Pilot.

Figure 5.



## 6. Year Two Summary and Recommendations

The Southern Nevada Health District’s (SNHD) Teen Pregnancy Prevention Program was implemented to reduce the rate of teen births, pregnancy, and sexually transmitted infections in adolescents in Clark County, Nevada. This program is being implemented in a population of youth at greatest risk for negative health outcomes; those involved in juvenile justice services and foster care. The program’s target population is unique in that these youth differ significantly from youth in the general population in Nevada in both the age of first sexual intercourse, and the proportion of the population who reports having ever had sex and having had sex in the past three months.

Of the 752 Year Two participants enrolled in the SNHD Teen Pregnancy Prevention Program, 84.4% reported ever having sex, while according to the 2011 Nevada Youth Risk Behavior Survey (YRBS) only 47.5% of adolescents in Nevada reported ever having sex (Soule, 2011). Year Two program participants were also more likely to have had sex in the past three months (71.4% of all program participants) as compared to 32% of Nevada’s adolescents as reported by the 2011 YRBS. In addition, a higher proportion of program participants reported ever having been pregnant or gotten someone pregnant (19.7%) than that of the Nevadan youth population (5.7%). The Year One and Year Two rates for these variables are presented in Table 11 and are compared with the 2011 Nevada YRBS rates.

Table 11.

	<b>Year Two Participants (n=752)</b>	<b>Year One Participants (n=253)</b>	<b>2011 Nevada YRBS*</b>
<b>Ever had sex?</b>	84.4%	84.6%	47.5%
<b>Had sex in the past three months</b>	71.4%	65.2%	32%
<b>Sexual intercourse before age 13</b>	21.8%	23.4%	6.1%
<b>Ever been pregnant or gotten someone pregnant</b>	19.7%	24.1%	5.7%

*\*Data for YRBS comparisons obtained from Soule, P. P. Nevada Department of Education, (2011). Nevada youth risk behavior survey report. Carson City, NV: Retrieved from <http://nde.doe.nv.gov/YRBS.htm>*

These unique circumstances provide additional challenges for SNHD Teen Pregnancy Prevention Program staff and educators in meeting stated goals and objectives. This progress is summarized below.



Goal	Progress in Year 2
1. <b>80%</b> of program participants will report an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum (Knowledge)	<b>76%</b> of program participants demonstrated an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum
2. <b>65%</b> of program participants will report an increase in intention to abstain from sex at least 6 months post curriculum (Motivation)	The intention to abstain score, when compared to pre-curriculum, increased for: <ul style="list-style-type: none"> <li>• <b>26.6%</b> of participants immediately following course completion</li> <li>• <b>31.3%</b> of participants at 3-months</li> <li>• <b>29.4%</b> of participants at 6-months</li> </ul>
3. <b>50%</b> of program participants will report a reduction in sex partners as compared to pre-curriculum testing (Behavior Change)	The number of reported sex partners “during the last 3-months” decreased for: <ul style="list-style-type: none"> <li>• <b>25.4%</b> of participants from pre-curriculum to 3-months post-curriculum</li> <li>• <b>20%</b> of participants from pre-curriculum to 6-months post-curriculum</li> </ul>
4. <b>50%</b> of program participants will report an increase in condom use at 3 months and 6 months compared to pre-curriculum testing (Decision-making)	The reported frequency of condom use increased for: <ul style="list-style-type: none"> <li>• <b>31.8%</b> of participants from pre-curriculum to 3-months post-curriculum</li> <li>• <b>28.3%</b> of participants from pre-curriculum to 6-months post-curriculum</li> </ul>
5. <b>50%</b> of program participants will report an increase in refusal skills as compared to pre-curriculum testing (Self-efficacy)	The “refusal skills” score increased for: <ul style="list-style-type: none"> <li>• <b>55.4%</b> of participants from pre-survey to post-survey</li> <li>• <b>56.1%</b> of participants from pre-survey to 3-month follow-up survey</li> <li>• <b>64.2%</b> of participants from pre-survey to 6-month follow-up survey</li> </ul>

The Southern Nevada Health District has come close to meeting Goal 1 (increase in knowledge about HIV/AIDS) during both the Year One Pilot and Year Two. During both years they have met or partially met Goal 5 (increase in refusal skills); During the Year One Pilot they met this goal at the 3-month but not the 6-month follow-up time point. This year, of the remaining three goals, SNHD was closest to meeting Goal 4 (increase in condom use). During the Year One Pilot, they partially met this goal (again, did not meet it at 6-month post-curriculum).

## Recommendations for Improvement

### 1. Program Improvement

Since the chosen curricula have been effective in impacting the chosen outcome goal areas, it is important to continue to measure fidelity and adhere to program curricula. SNHD should review their process evaluation to better understand how to improve these results.

## **2. Outcome Evaluation Improvement**

### **Data Collection Tools**

NICRP is working with SNHD staff to refine the data collection tool and ensure that all identified limitations in questions are addressed and unnecessary questions are eliminated from the tool. These changes will be implemented beginning in October, 2012.

### **Follow Up Surveys**

The current 3-month follow rate for Year Two participants is 45.2% and the current 6-month follow-up rate is 43.4%. These are improvements over the Year One Pilot for which the 3-month follow-up rate was 35.6% and the 6-month follow-up rate was 33.8%.

There have been a few changes implemented during Year Two in attempt to improve these rates. These changes will continue into Year Three and include the following:

1. The Contact Information Form was modified so that participants could provide an additional contact person and phone number. The original form only allowed for the participant's contact information.
2. After administering the post-survey, NICRP provides each participant with a follow-up card similar to an appointment card received at a physician's office. The follow-up card indicates the specific 3-month and 6-month follow-up interview dates for the participant and that they will be paid \$20 for each survey completed. The cards also list NICRP's phone number and request that participants call NICRP if their contact information changes or if they are ready to complete their follow-up survey.
3. The original tracking process, established during the Year One Pilot, limited the number of contact attempts for each participant to 3 times per follow-up survey. The current tracking process no longer limits the number of contact attempts that are made to a participant in attempt to complete a follow-up survey. A participant is now "tracked" for one month after the follow-up survey due date. By not limiting the number of contacts made to a participant, 31 additional 3-month follow-up surveys and 16 additional 6-month follow-up surveys have been completed so far for Year Two participants.

NICRP continues to work with Clark County Juvenile Probation, the Clark County Juvenile Detention Center, and Foster Care to cross check contact information provided by program participants when information is incorrect or phone numbers are no longer in service. The staff at Nevada Youth Training Center, Caliente Youth Center, and Spring Mountain Youth Camp continues to be very accommodating in allowing NICRP staff to conduct follow-up surveys with youth housed at their facilities.

The 1-month courtesy calls appear to have been successful during Year Two and will continue to be conducted in Year Three. The purpose of these calls is not only to remind participants of the follow-up surveys but to confirm or update participant contact information and to identify invalid and out of date contact information.

## Appendix A: Participant Demographics

Demographic Variable	Year 1 (n=261)		Year 2 (n=599)		Total (n=860)	
	Count (N)	Percent (%)	Count (N)	Percent (%)	Count (N)	Percent (%)
<b>Gender</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
Male	149	57.1	448	74.8	597	69.4
Female	95	36.4	145	24.2	240	27.9
Missing	17	6.5	6	1.0	23	2.7
<b>Age*</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
11	1	0.4	-	-	1	0.1
12	1	0.4	6	1.0	7	0.8
13	13	5.0	34	5.7	47	5.5
14	21	8.0	58	9.7	79	9.2
15	43	16.5	111	18.5	154	17.9
16	60	23.0	166	27.7	226	26.3
17	66	25.3	188	31.4	254	29.5
18	56	21.5	32	5.3	88	10.2
More than or Equal to 19	-	-	2	0.3	2	0.2
Missing	-	-	2	0.3	2	0.2
* Participant age was not asked in Year 1. Ages provided were calculated using date of birth provided by participants in Year 1.						
<b>Grade Level</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
6 <sup>th</sup> Grade	2	0.8	2	0.3	4	0.5
7 <sup>th</sup> Grade	12	4.6	15	2.5	27	3.1
8 <sup>th</sup> Grade	23	8.8	62	10.4	85	9.9
9 <sup>th</sup> Grade	47	18.0	84	14.0	131	15.2
10 <sup>th</sup> Grade	44	16.9	121	20.2	165	19.2
11 <sup>th</sup> Grade	57	21.8	144	24.0	201	23.4
12 <sup>th</sup> Grade	42	16.1	104	17.4	146	17.0
GED	-	-	7	1.2	7	0.8
College	-	-	4	0.7	4	0.5
Not Currently in School	16	6.1	21	3.5	37	4.3
Missing	18	6.9	35	5.8	53	6.2
<b>Ethnicity</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
Hispanic or Latino	131	50.2	220	36.7	351	40.8
Not Hispanic or Latino	109	41.8	328	54.8	437	50.8
Missing	21	8.0	51	8.5	72	8.4
<b>Race</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
American Indian/Alaska Native	6	2.3	8	1.3	14	1.6
Asian	-	-	8	1.3	8	0.9
Black or African American	59	22.6	144	24.0	203	23.6
Native Hawaiian or Pacific Islander	5	1.9	8	1.3	13	1.5
White	26	10.0	84	14.0	110	12.8
Multiple Races	63	24.1	129	21.5	192	22.3
Other	28	10.7	100	16.7	128	14.9
Missing	74	28.4	118	19.7	192	22.3

## Participant Demographics (continued)

Demographic Variable	Year 1 (n=261)		Year 2 (n=599)		Total (n=860)	
	Count (N)	Percent (%)	Count (N)	Percent (%)	Count (N)	Percent (%)
<b>Home Language</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
English	151	57.9	380	63.4	531	61.7
Spanish	33	12.6	48	8.0	81	9.4
Multiple Languages	61	23.4	120	20.0	181	21.0
Other	-	-	4	0.7	4	0.5
Missing	16	6.1	47	7.8	63	7.3
<b>“Single Parent” Household?</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
Yes	121	46.4	279	46.6	400	46.5
No	123	47.1	266	44.4	389	45.2
Missing	17	6.5	54	9.0	71	8.3
<b>Program Implementation Location</b>	<b>261</b>	<b>100%</b>	<b>599</b>	<b>100%</b>	<b>860</b>	<b>100%</b>
<b>Detention</b>	<b>139</b>	<b>53.3</b>	<b>317</b>	<b>52.9</b>	<b>456</b>	<b>53.0</b>
Unit E-2	44	31.7	107	33.8	151	33.1
Unit E-3/E-7	43	30.9	124	39.1	167	36.6
Unit E-5	52	37.4	86	27.1	138	30.3
<b>Probation</b>	<b>86</b>	<b>33.0</b>	<b>244</b>	<b>40.7</b>	<b>330</b>	<b>38.4</b>
Martin Luther King, Jr.	27	31.4	75	30.7	102	30.9
Stewart	59	68.6	72	29.5	131	39.7
Charleston	-	-	57	23.4	57	17.3
Flamingo	-	-	40	16.4	40	12.1
<b>Foster Care (SAFY)</b>	<b>36</b>	<b>13.8</b>	<b>38</b>	<b>6.3</b>	<b>74</b>	<b>8.6</b>

Note. Demographic information only provided for those that completed the course (N=860). The total number of enrolled participants was 1059.

## Appendix B: References

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