

Southern Nevada Health District Teen Pregnancy Prevention Replication Project Tier 1B Evaluation Progress Report

July 1, 2017 – December 31, 2017

The goal of the Southern Nevada Health District (SNHD) Teen Pregnancy Prevention Replication Project, the THNK Project, is to build to scale program services that will reduce teen pregnancy, improve youth access to medically accurate sexual health information and improve access to “youth friendly” health services for youth and their families living in the cities of Las Vegas and North Las Vegas, Nevada. The Nevada Institute for Children’s Research and Policy (NICRP) has been contracted to conduct a process evaluation and analyze and report on the performance measures of the THNK project. The current report summarizes all evaluation activities completed by NICRP for the period of July 1, 2017 through December 31, 2017.

Performance Measures

THNK project outcomes with regard to youth participant knowledge of HIV transmission and prevention, how to access sexual health information and youth services, intentions to delay sexual activity, and intentions to use birth control/condoms when engaging in sexual activity are measured through pre- and post-surveys administered to youth before and after participating in Be Proud! Be Responsible! (BPBR) and Sexual Health and Adolescent Risk Prevention (SHARP). These pre- and post-surveys are administered primarily by the SNHD grantee staff. However, project partners directly facilitating the project programs to the youth are responsible for survey administration when grantee staff is unable to do so because of organizational restrictions (i.e. an implementation session taking place outside of the grantee organization’s approved formal hours of operation).

On January 5, 2018, SNHD provided NICRP with a de-identified Excel dataset of participant pre- and post-survey responses that were collected between July 1, 2017 and December 29, 2017. NICRP has analyzed these data to determine how well the THNK project is meeting their project outcome goals.

Participant Demographics

Between July 1, 2017 and December 31, 2017, 423 participants completed a pre-survey and 376 of these participants completed a post-survey after completing either the BPBR or SHARP curriculum. Following is an overview of the demographics of the 376 participants that completed both a pre- and post-survey.

Of the 376 participants that completed a pre- and post-survey, 279 (74.2%) identified as male, 92 (24.5%) identified as female, 3 (0.8%) did not identify as male, female, or transgender, 1 (0.3%) identified as intersex, and 1 (0.3%) preferred not to identify themselves. As seen in Table 1 below, these proportions are similar for participants that completed both BPBR and SHARP.

Table 1. Gender identity of participants by curriculum

	BPBR	SHARP	Overall
Male	77.5% (107)	72.3% (172)	74.2% (279)
Female	21.0% (29)	26.5% (63)	24.5% (92)
Transgender	0.0% (0)	0.0% (0)	0.0% (0)
Intersex	0.7% (1)	0.0% (0)	0.3% (1)
Do not identify as male, female, or transgender	0.7% (1)	0.8% (2)	0.8% (3)
Prefer not to answer	0.0% (0)	0.4% (1)	0.3% (1)
Total	100% (138)	100% (238)	100% (376)

As seen in Table 2 below, of those participants that provided their age (n = 369), more than half were 16 or 17 years old and approximately one third were 15 years of age or younger.

Table 2. Age of participants by curriculum of those that provided their age

	BPBR	SHARP	Overall
12	0.7% (1)	0.9% (2)	0.8% (3)
13	3.7% (5)	4.3% (10)	4.1% (15)
14	11.2% (15)	11.1% (26)	11.1% (41)
15	17.9% (24)	14.9% (35)	16.0% (59)
16	28.4% (38)	33.2% (78)	31.4% (116)
17	24.6% (33)	30.6% (72)	28.5% (105)
18	13.4% (18)	5.1% (12)	8.1% (30)
Total	100% (134)	100% (235)	100% (369)

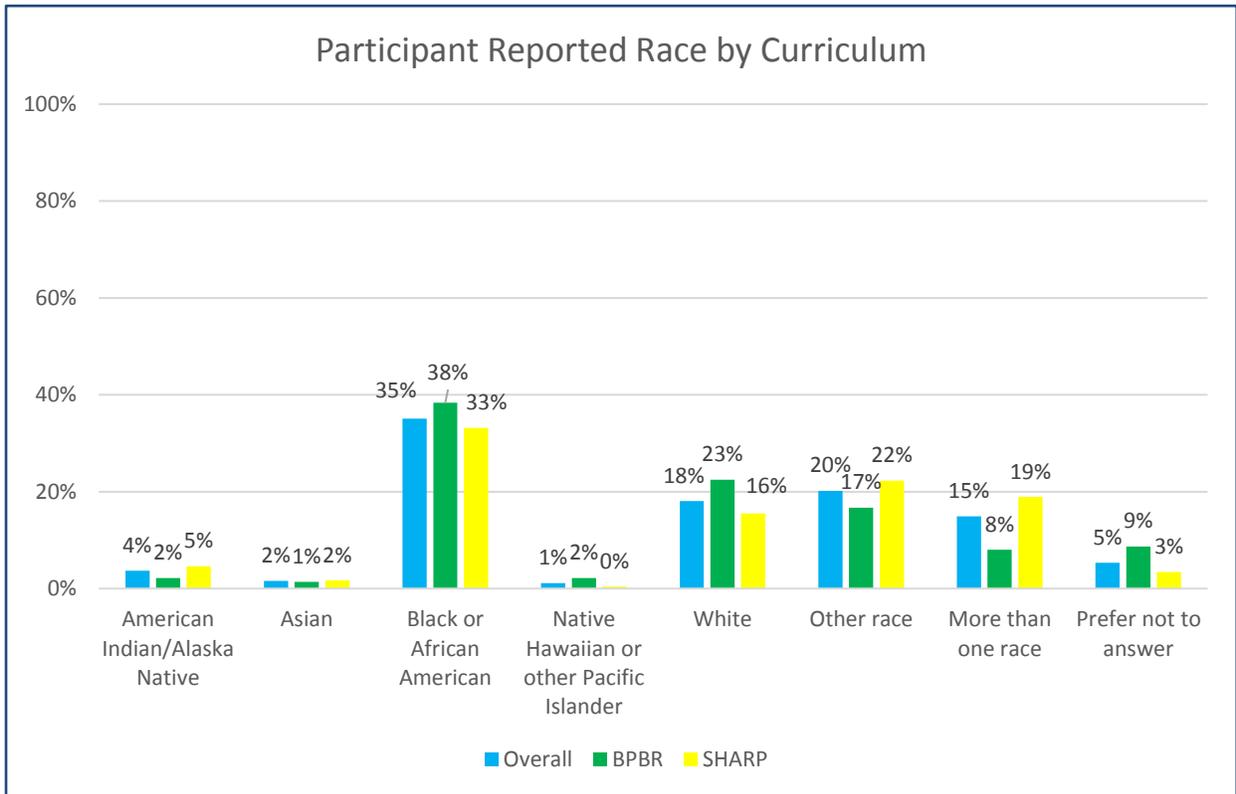
As seen in Table 3, the majority of participants reported being in 10th, 11th, or 12th grade.

Table 3. Grade of participants by curriculum

	BPBR	SHARP	Overall
7 th	2.9% (4)	2.1% (5)	2.4% (9)
8 th	4.3% (6)	6.3% (15)	5.6% (21)
9 th	16.7% (23)	12.6% (30)	14.1% (53)
10 th	16.7% (23)	20.2% (48)	18.9% (71)
11 th	26.8% (37)	34.0% (81)	31.4% (118)
12 th	23.9% (33)	17.2% (41)	19.7% (74)
GED	3.6% (5)	0.8% (2)	1.9% (7)
College/Technical school	1.4% (2)	1.3% (3)	1.3% (5)
Not currently in school	3.6% (5)	5.5% (13)	4.8% (18)
Total	100% (138)	100% (238)	100% (376)

As seen in Figure 1 below, those that participated in BPBR and SHARP were similar with regard to their race. However, a slightly larger percentage of BPBR participants identified as White, Black or African American, and preferred not to answer as compared to SHARP participants.

Figure 1.



Approximately half of the program participants reported being Hispanic. As seen in Table 4, a slightly larger percentage of BPBR participants preferred not to provide their race or ethnicity as compared to SHARP participants.

Table 4. Hispanic ethnicity of participants by curriculum

	BPBR	SHARP	Overall
Hispanic	50.0% (69)	52.5% (125)	51.6% (194)
Non-Hispanic	41.3% (57)	44.1% (105)	43.1% (162)
Prefer not to answer	8.7% (12)	3.4% (8)	5.3% (20)
Total	100% (138)	100% (238)	100% (376)

Finally, when asked to select what language or languages they speak at home with family, overall, the majority of participants selected English (68.6%) followed by English and Spanish (17.0%) and Spanish (8.5%). As seen in Table 5 below, these proportions were similar for those that participated in both BPBR and SHARP.

Table 5. Languages spoken at participant homes by curriculum

	BPBR	SHARP	Overall
English	73.2% (101)	66.0% (157)	68.6% (258)
English and Chinese	0.0% (0)	0.4% (1)	0.3% (1)
English and Spanish	18.1% (25)	16.4% (39)	17.0% (64)
English and Multiple Languages	0.7% (1)	0.8% (2)	0.8% (3)
English and other language not listed	0.0% (0)	2.1% (5)	1.3% (5)
Spanish	5.8% (8)	10.1% (24)	8.5% (32)
Spanish and other language not listed	0.0% (0)	0.4% (1)	0.3% (1)
Multiple Languages	2.2% (3)	3.4% (8)	2.9% (11)
Other	0.0% (0)	0.4% (1)	0.3% (1)
Total	100% (138)	100% (238)	100% (376)

Progress toward Outcome Goals

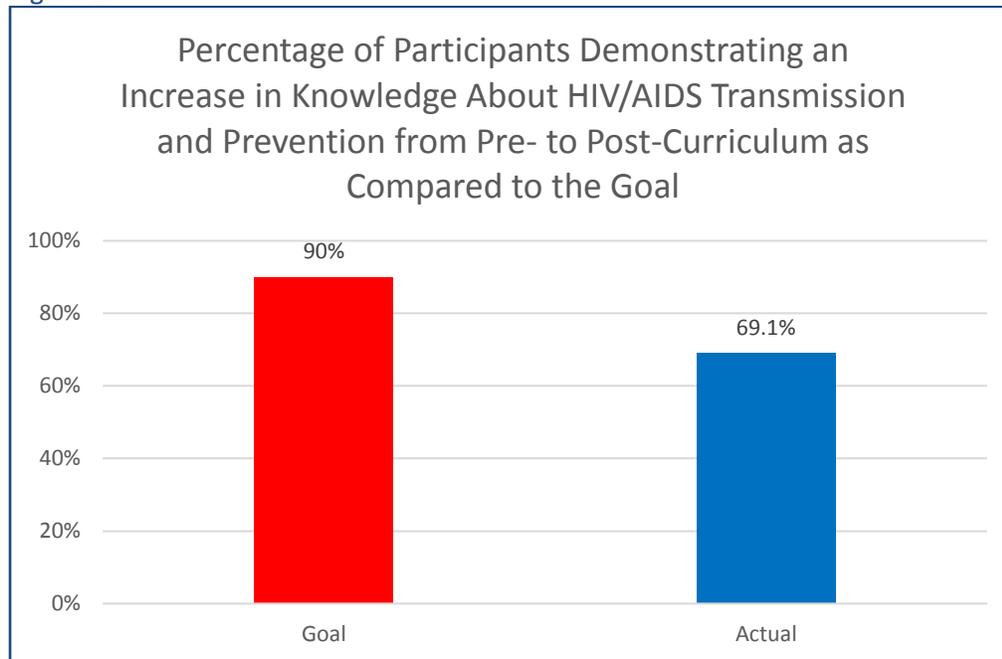
Progress toward the four project outcome goals is addressed in the sections that follow. Within each section, the outcome goal is stated, the progress toward the goal is summarized, the methodology used to measure the goal is described, and detailed results of the analyses are reported.

Outcome Goal 1. Increase in HIV knowledge – *NOT MET*

Stated Goal– 90% of youth participating in the program will demonstrate an increase in their knowledge about HIV transmission and prevention immediately after completing their curriculum.

Actual Completion – For the current reporting period, as seen in Figure 2, the Southern Nevada Health District did NOT meet this goal in that only 69.1% of program participants demonstrated an increase in HIV/AIDS transmission and prevention knowledge after completing the curriculum.

Figure 2.



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 for whom 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.

For this reporting period, 423 participants had valid pre-survey scores, 385 had valid post-survey scores, and 376 had valid scores on both the pre- and post-survey. Of those participants with a valid pre- and post-survey score, 69 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. As a result, 307 participants were included in the analysis of progress toward this goal.

Of the 307 participants included in the analyses, 69.1% (212) demonstrated an increase in knowledge about HIV/AIDS transmission and prevention following the course, 6.5% (20) demonstrated a decrease in knowledge, and 24.4% (75) demonstrated no change in knowledge immediately following the course. As seen in Table 6, a larger percentage of youth that participated in SHARP (71.1%) demonstrated an increase in knowledge than did those youth that participated in BPBR (65.5%).

Table 6. Change in HIV/AIDS Knowledge from Pre-Survey to Post-Survey

	BPBR	SHARP	Overall
Increase in Knowledge	65.5% (74)	71.1% (138)	69.1% (212)
No Change in Knowledge	27.4% (31)	22.7% (44)	24.4% (75)
Decrease in Knowledge	7.1% (8)	6.2% (12)	6.5% (20)
Total	100% (113)	100% (194)	100% (307)

The average score out of ten for the HIV/AIDS true/false statements was examined for both programs. For all participants (including those that scored 10/10 at pre-survey), regardless of program completed, the average score prior to participating was 82% (8.2 correct out of 10 possible points) and the average score after the course was 91% (9.1 correct out of 10 possible points). As seen in Table 7, the pre-survey and post-survey scores for those that completed BPBR and SHARP were similar.

Table 7. Average Pre-Survey and Post-Survey HIV/AIDS Knowledge Scores

	Pre-Survey		Post-Survey	
	M	SD	M	SD
BPBR	8.28	1.35	9.08	1.18
SHARP	8.17	1.51	9.15	0.95
All	8.21	1.45	9.12	1.04

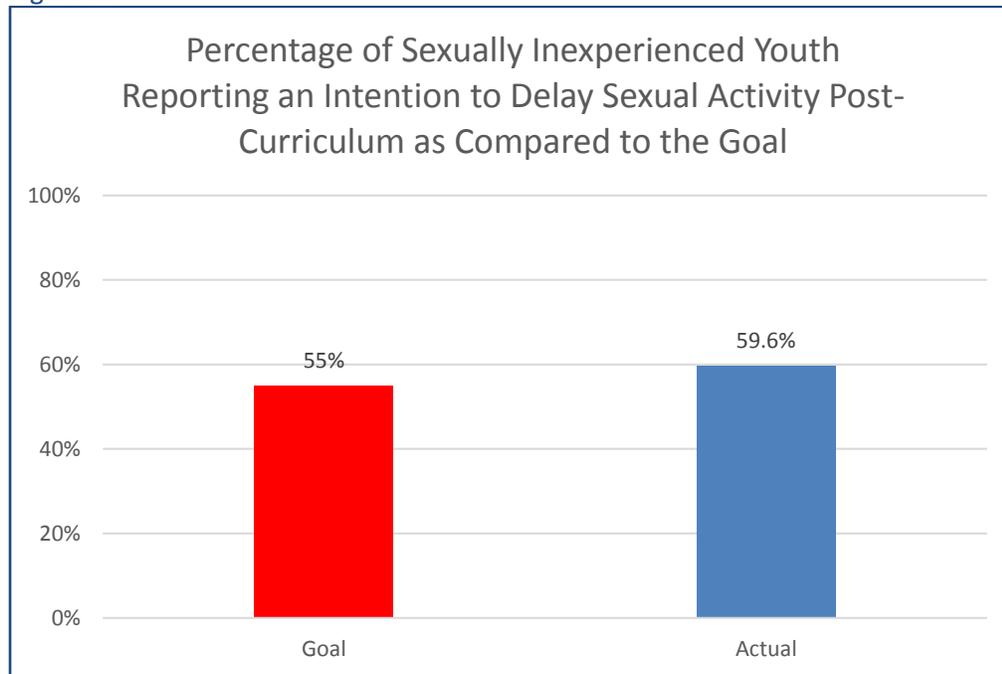
A paired samples t-test was performed on the HIV/AIDS knowledge pre- and post-surveys scores. The average score improved by .91 (SD = 1.45), and the results from the paired samples t-test [$t(375) = 12.17, p < .000$] show a statistically significant difference between the pre- and post-survey scores indicating that overall, participant scores significantly improved after participation in the programs.

Outcome Goal 2. Intention to delay sexual activity – MET

Stated Goal– 55% of sexually inexperienced youth participating in the program will demonstrate an intention to delay sexual activity.

Actual Completion – For the current reporting period, as seen in Figure 3, the Southern Nevada Health District did meet this goal in that 59.6% of sexually inexperienced youth program participants demonstrated an intention to delay sexual activity post-curriculum.

Figure 3.



Detailed Findings for Participants

Progress toward this goal was measured by the percentage of youth that responded “No, probably not” or “No, definitely not” to the question, “Do you intend to have sexual intercourse in the next year, if you have the chance?” post curriculum. Because this goal is measuring intention to delay sexual activity among sexually inexperienced youth, only those youth who responded “No” to the question, “Have you ever had sexual intercourse?” at pre-survey were included in the analysis.

Of the 376 participants that completed both a pre- and post-survey, 57 (15.2%) youth indicated at pre-survey that they had not had sexual intercourse. Of these 57 sexually inexperienced youth, 59.6% indicated, at post-survey, an intention to delay sexual activity. As seen in Table 8 below, a slightly larger percentage of sexually inexperienced youth reported an intention to delay sexual activity at post-survey after completing SHARP (61.1%) as compared to BPBR (57.1%).

Table 8. Post-curriculum responses of sexually inexperienced youth to the question, “Do you intend to have sexual intercourse in the next year, if you have the chance?”

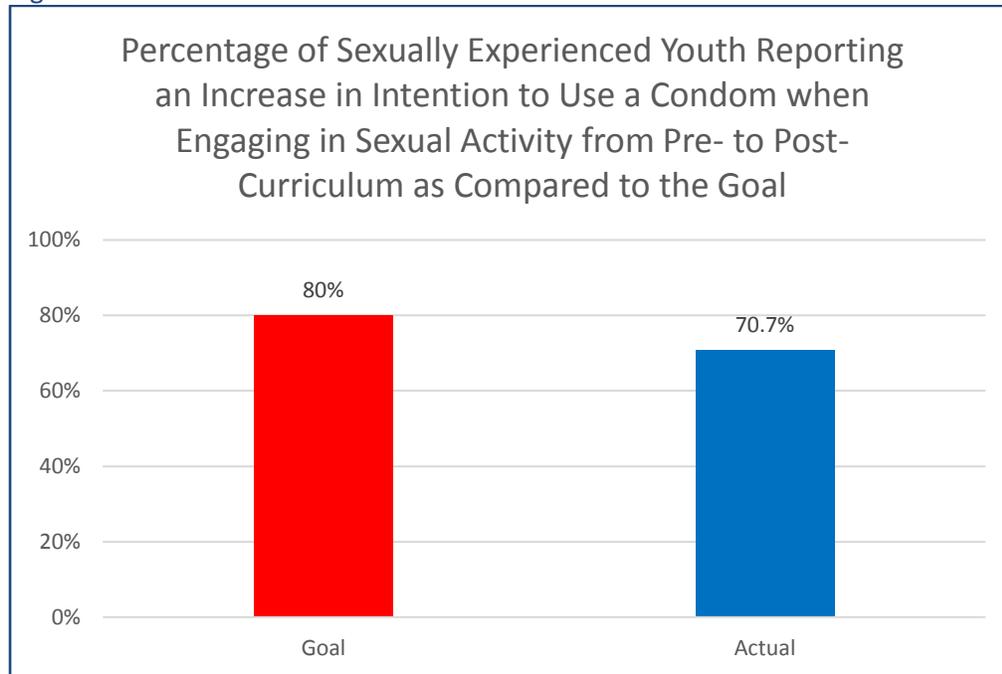
	BPBR	SHARP	Overall
Yes, definitely	9.5% (2)	8.3% (3)	8.8% (5)
Yes, probably	23.8% (5)	22.2% (8)	22.8% (13)
No, probably not	42.9% (9)	33.3% (12)	36.8% (21)
No, definitely not	14.3% (3)	27.8% (10)	22.8% (13)
Did not answer	9.5% (2)	8.3% (3)	8.8% (5)
Total	100% (21)	100% (36)	100% (57)

Outcome Goal 3A. Increase in intention to use condoms – NOT MET

Stated Goal– 80% of sexually active youth participating in the program will demonstrate an increased intention to use condoms when engaging in sexual activities.

Actual Completion – For the current reporting period, as seen in Figure 4, 70.7% of sexually active youth program participants demonstrated an increase in intention to use condoms when engaging in sexual activities. Therefore, the Southern Nevada Health District did NOT meet this goal.

Figure 4.



Detailed Findings for Participants

This goal was assessed by comparing participant responses to the question, “If you have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?” at pre-survey, to participant responses to the same question post-curriculum. Response options ranged from 1 (“Yes, definitely”) to 4 (“No, Definitely Not”).

Because this goal is measuring the intention to use condoms among sexually active youth, only those that answered, “Yes” to the question, “Have you ever had sexual intercourse?” at pre-survey were included in this analysis. Further, participants were excluded from the analysis if they did not provide valid data on both the pre- and post-survey for this question. Participants were also excluded if they responded that they “Yes, definitely” intend to use a condom when asked the question at pre-survey because their intention to use a condom could not increase.

At pre-survey, 326 participants indicated that they were sexually active. Of these participants, 140 completed the course, had a valid response to the question measuring the goal on both the pre- and

post-survey, and met the inclusion criteria noted above. As compared to pre-survey, 70.7% (99) of participants reported an increase in intention to use a condom at post-survey. As seen in Table 9 below, a larger percentage of BPBR participants reported an increase in intention to use a condom at post-survey (75.6%) as compared to SHARP participants (68.7%).

Table 9. Change in Intention to Use a Condom from Pre-Survey

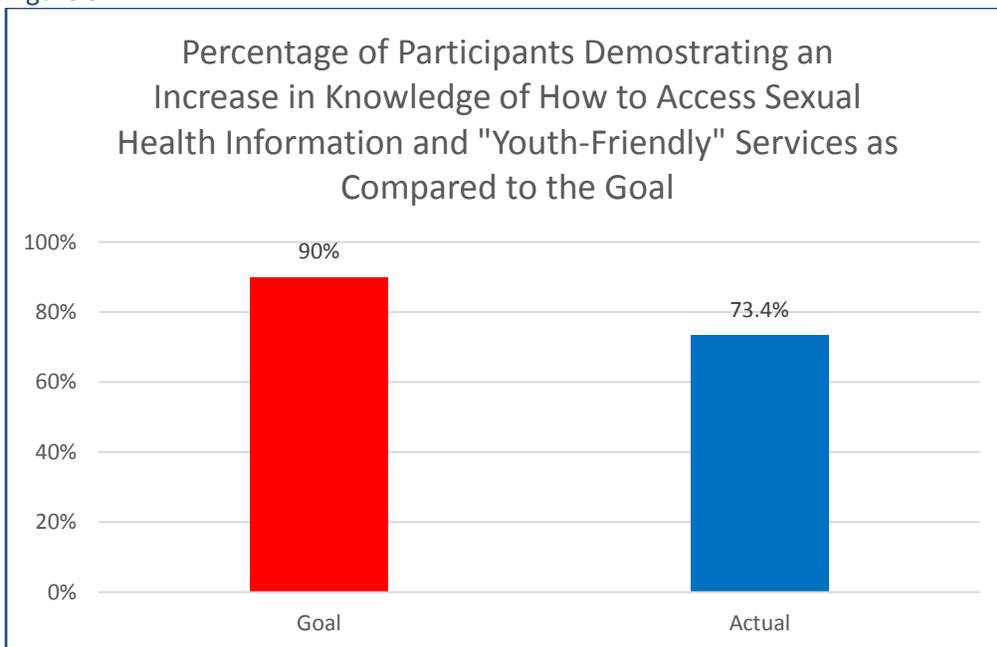
	BPBR	SHARP	Overall
Increase in Condom Use	75.6% (31)	68.7% (68)	70.7% (99)
No Change in Condom Use	19.5% (8)	29.3% (29)	26.4% (37)
Decrease in Condom Use	4.9% (2)	2.0% (2)	2.9% (4)
Total Participants	100% (41)	100% (99)	100% (140)

Outcome Goal 4. Increase knowledge of how to access sexual health information and “youth-friendly” services – NOT MET

Stated Goal– 90% of youth participants will demonstrate an increase in knowledge in how to access sexual health information and “youth-friendly” services.

Actual Completion – For the current reporting period, as seen in Figure 5, 73.4% of program participants demonstrated an increase in knowledge of how to access sexual health information and “youth-friendly” services. Therefore, the Southern Nevada Health District did NOT meet this goal.

Figure 5.



Detailed Findings for Participants

This goal was assessed by comparing participant responses to the question, “Do you know where to find sexual health services and/or resources in your community?” at pre-survey, to participant responses to the same question post-curriculum. The response options for this question were “Yes” or “No.” Because this goal focuses on an increase in knowledge, only those participants that responded, “No” at pre-survey were included in the analysis because those participants that responded, “Yes” could not demonstrate an increase in knowledge on the post-survey. Therefore, an increase in knowledge was defined as answering, “No” to this question on the pre-survey and answering, “Yes” to this question on the post-survey.

At pre-survey, 192 participants indicated that they did not know where to find sexual health services and/or resources in their community. Of these participants, 169 completed the course and answered the question measuring this goal on the post-survey. As compared to pre-survey, 73.4% (124) of these participants demonstrated an increase in knowledge in how to access sexual health information and “youth-friendly” services post-curriculum. As seen in Table 10 below, a larger percentage of participants that completed SHARP demonstrated an increase in knowledge in how to access sexual health information and “youth-friendly” services (80.7%) as compared to those that completed BPBR (58.2%).

Table 10. Change in knowledge of how to access sexual health information and “youth-friendly” services.

	BPBR	SHARP	Overall
Increase in Knowledge	58.2% (32)	80.7% (92)	73.4% (124)
No Change in Knowledge	41.8% (23)	19.3% (22)	26.6% (45)
Total Participants	100% (55)	100% (114)	100% (169)

Satisfaction Surveys

In effort to monitor participant satisfaction with the different programs offered through the THINK project, all participants are asked to complete a brief satisfaction survey following program completion. The survey includes seven items which assess participant satisfaction with the program and the facilitator and an open ended item in which participants are prompted to, “Tell us what you think about this program!”

On January 5, 2018, SNHD provided NICRP with satisfaction survey data that were collected between July 1, 2017 and December 29, 2017. The data included complete survey responses for 440 participants that had completed Be Proud! Be Responsible! (BPBR), Families Talking Together (FTT), Familias Hablando Unidos (FHU), or Sexual Health and Adolescent Risk Prevention (SHARP). NICRP has analyzed these data to help monitor participant satisfaction and has provided the results below.

Respondent Demographics

Satisfaction survey respondents ranged in age from 12 to 76 years old. As expected, based on the audiences targeted for the different curricula, the ages of the FTT and FHU respondents ranged from 21 to 76 years and the ages of the BPBR and SHARP respondents ranged from 12 to 18 years.

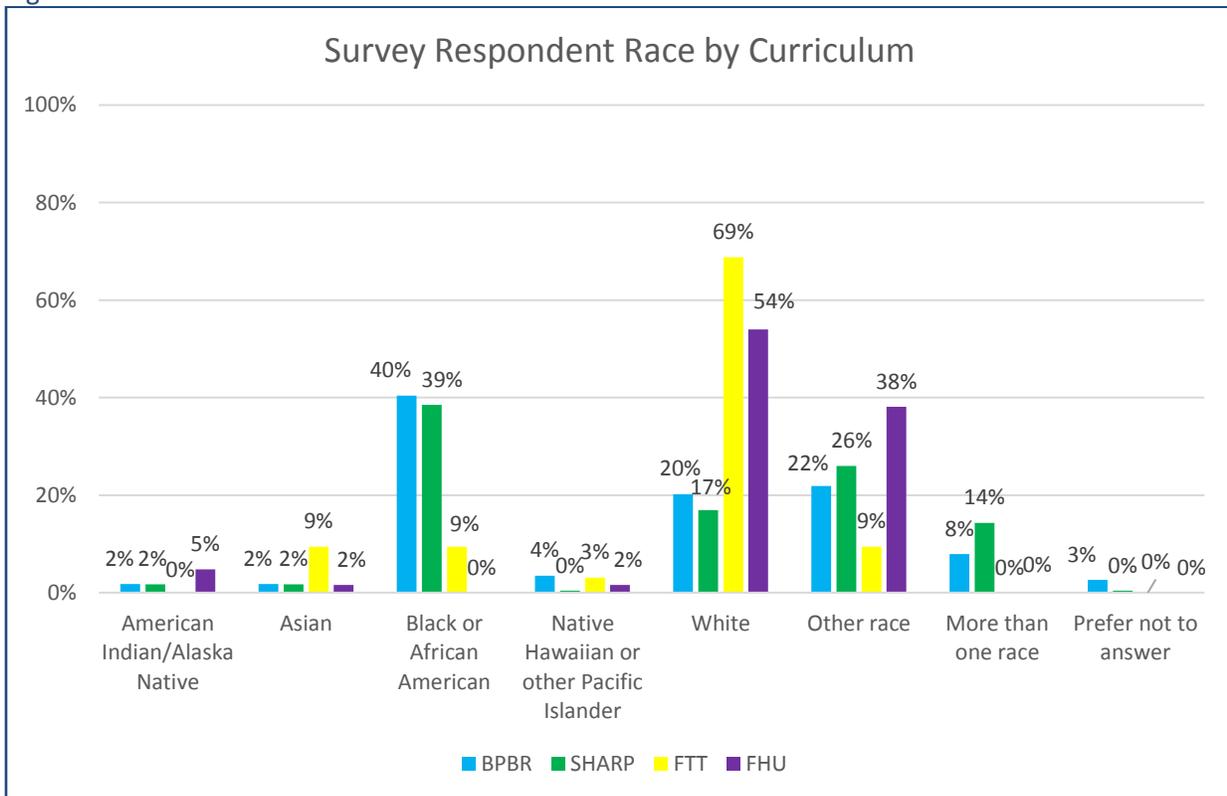
As seen in Table 11, overall, the majority of the satisfaction survey respondents identify as male (60.0%). However, the majority of FTT and FHU survey respondents identify as female (65.6% and 87.3% respectively).

Table 11. Gender identity of respondents by curriculum.

	FTT	FHU	SHARP	BPBR	Overall
Male	31.3% (10)	12.7% (8)	68.8% (159)	76.3% (87)	60.0% (264)
Female	65.6% (21)	87.3% (55)	30.7% (71)	21.1% (24)	38.9% (171)
Intersex	0.0% (0)	0.0% (0)	0.4% (1)	0.9% (1)	0.5% (2)
Transgender	0.0% (0)	0.0% (0)	0.0% (0)	1.8% (2)	0.5% (2)
Prefer not to answer	3.1% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.2% (1)
Total	100% (32)	100% (63)	100% (231)	100% (114)	100% (440)

Overall, more than half of the survey respondents indicated their race as Black or African American (31.4%) or White (26.8%). However, as seen in Figure 6, the race of respondents differed based on the curriculum completed. Specifically, more than half of the respondents that completed the satisfaction survey following FTT and FHU were White (68.8% and 54.0% respectively). In contrast, more than half of the respondents that completed the satisfaction survey following BPBR and SHARP were Black or African American (40.4% and 38.5% respectively) or “Other” race (21.9% and 26.0% respectively).

Figure 6.



Overall, more than half of the respondents indicated that they were Hispanic (58.0%). However, the Hispanic ethnicity of the respondents varied by program completed. Specifically, 95.2% of those respondents that completed FHU reported being Hispanic and only 21.9% of those that completed FTT reported being Hispanic. In contrast, the survey respondents that completed BPBR and SHARP were more similar in terms of Hispanic ethnicity in that 53.5% of BPBR respondents and 49.4% of SHARP respondents reporting being Hispanic.

Survey Results

As seen in Table 12, when asked to indicate the degree to which they agreed or disagreed with each statement on the survey (response options included strongly agree, agree, not sure, disagree, and strongly disagree), the majority of participants indicated that they agreed or strongly agreed with all seven of the statements. Overall, the item with which the largest percentage of all participants (96.4%) agreed or strongly agreed was, “My facilitator(s) really knows what he or she is teaching.” In contrast, the item with which the smallest percentage of all participants (93.2%) agreed or strongly agreed was, “My facilitator(s) really understand(s) people my age.” This item is also the one with which the smallest percentage of FTT and BRBR participants agreed or strongly agreed at 81.3% and 91.2% respectively.

Table 12. Percentage of participants that agreed or strongly agreed with each survey item.

	FTT (n = 32)	FHU (n = 63)	SHARP (n = 231)	BPBR (n = 114)	Overall (n = 440)
I liked the activities in this program.	93.8%	98.4%	93.1%	95.6%	94.5%
I learned a lot from this program.	90.6%	98.4%	96.1%	94.7%	95.7%
I would recommend this program to other people.	93.8%	98.4%	95.7%	93.9%	95.5%
My facilitator(s) made me feel comfortable sharing my thoughts	93.8%	95.2%	93.9%	92.1%	93.6%
My facilitator(s) really knows what he or she is teaching.	93.8%	98.4%	96.1%	96.5%	96.4%
My facilitator(s) was respectful to me.	93.8%	98.4%	96.5%	93.9%	95.9%
My facilitator(s) really understand(s) people my age.	81.3%	98.4%	94.4%	91.2%	93.2%

Overall, participant comments were positive when prompted with, “Tell us what you think about this program!” Many participants responded by expressing that the programs were “great” and “well-rounded,” and that the facilitator was “respectful and understanding”.

Comments from participants enrolled in FTT and FHU were predominantly positive with participants indicating it was “informative” and taught them “something about how youth think”. One participant expressed some concern with “putting it together when talking with my kids”. One FTT participant reported not understanding the information that was presented and would have preferred to have taken the class in Spanish. A common theme of the comments of those enrolled in FHU was an

appreciation for learning how to talk to their children about sex and sexually transmitted infections since their parents did not talk to them about these topics.

Those enrolled in SHARP reported that the program was “a great resource,” “helpful,” and “fun and cool”. Multiple participants commented that they appreciated discussions on testing locations and the importance of condom use. All references toward specific facilitators were positive. Participants described the facilitators as “kind,” “respectful,” “understanding,” and changing the participant’s way of thinking. One participant suggested that the program “needs to do more classes outside of centers and go to the community.” Another participant mentioned it would be helpful if the facilitators “knew what the drugs do to your mind set,” suggesting the presentation of the “facts” about how these drugs affect the body would aid in their understanding of the topics.

Those enrolled in BPBR commented that the program was an “interesting way to learn about sex and STDs,” “taught us to be safe,” and was “a good program for people my age”. A few participants expressed a desire to become involved with this program or similar programs in the future as a teacher or volunteer. Others indicated that the program corrected some false knowledge they held; one participant stated that there were “a lot of things I thought I knew but turns out I was wrong”. Participants also commented that the facilitators were “wonderful,” describing them as “straightforward,” knowing how to “get our attention effectively,” and making the participants “feel comfortable”.