

2014

Teen Pregnancy Prevention Program

Year Four Outcome Evaluation Report for the
Southern Nevada Health District

This is the Year Four 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

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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

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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, the Clark County Department of Family Services, and The City of Las Vegas to offer this curriculum to the youth in juvenile detention, probation, community centers, 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 project 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 curricula: 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.

Year One of this project was considered a “pilot” year to allow for adjustments in curriculum implementation, venues, and survey instruments. Therefore, the Year One Pilot data is not included in the analyses for the current report. The current report is based on the cumulative data collected during Year Two, Year Three, and Year Four of the project.

During Years Two, Three, and Four of the project, a total of 2336 youth were enrolled in the program (completed a pre-survey) and of those, 1946 (83.3%) completed the course. Youth from juvenile detention, probation, foster care, and The City of Las Vegas participated in the Teen Pregnancy Prevention Program. To date, 1680 participants have become eligible for the 3-month follow-up survey of which 831 have been completed, for a 3-month follow-up survey response rate of 49.5%. There are 1467 participants that have become eligible for a 6-month follow-up survey of which 654 have been completed, for a 6-month follow-up survey response rate of 44.3%.

Findings through Year Four

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, 1680 participants have become eligible for the 3-month follow-up survey of which 831 have been completed, for a 3-month follow-up survey response rate of 49.5%. There are 1476 participants that have become eligible for the 6-month follow-up survey of which 654 have been completed, for a 6-month follow-up survey response rate of 44.3%. It is important to note that the status of many of the outcome goals in this report is based on the survey responses of roughly half of the overall program participants. 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 through Year Four.

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

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:

- 77.2% demonstrated an increase in knowledge (answered at least one more question correctly after completing the course)
- 17.4% demonstrated no change in knowledge
- 5.4% demonstrated a decrease in knowledge of (answered at least one fewer 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

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, provided valid responses to the question on both surveys being compared, and at pre-survey did not answer, "No, definitely not" to the question, the intention to abstain score, when compared to pre-curriculum, increased for:

- 17.4% of participants immediately following course completion
- 32.5% of participants at 3-month follow-up
- 33.1% 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

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:

- 29.2% of participants from pre-curriculum to 3-months post-curriculum
- 24.9% 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

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:

- 43.7% of participants from pre-curriculum to 3-months post-curriculum
- 41.2% 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

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:

- 57.3% of participants from pre-survey to post-survey
- 58.9% of participants from pre-survey to 3-month follow-up survey
- 66.2% 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 Southern 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, community centers, and foster care.

Selected Curricula

The Southern Nevada Health District is using two evidence-based curricula (Be Proud! Be Responsible! and ¡Cuidate!) to achieve its goals. ¡Cuidate! 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 youth, but it has also been successful with larger groups when split up over the course of multiple sessions (Office of Adolescent Health, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs-v1.html>).

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).

¡Cuidate!

¡Cuidate!, 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, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs-v1.html>).

Although there is less research available for the ¡Cuidate! 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 Four

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 the reporting timeline for the Year Four outcome evaluation.

Table 1. Reporting Timeline for Year Four Outcome Evaluation

Month	Date	Activity
September	9/1/2013	1 st Quarter Reporting Period Begins
November	11/30/13	1 st Quarter Reporting Period Ends
December	12/31/13	1 st Quarter Report Due
January	1/31/14	2 nd Quarter Reporting Period Ends
March	3/7/14	2 nd Quarter Report Due
April	4/30/14	3 rd Quarter Reporting Period Ends
May	5/31/14	3 rd Quarter Report Due
July	7/31/14	Year 4 Reporting Period Ends
August	8/31/14	Year 4 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 being exposed to any course modules or materials, 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.

After participants have been read the informed consent/confidentiality statement and indicated whether or not they want to participate, NICRP staff reads the pre-survey out loud 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 out loud 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.

Contact Information/Demographic Form

All participants are asked to complete the demographic section of the Contact Information/Demographic Form. Participants who are willing to participate in the follow-up portion of the evaluation are asked to also complete the contact information section of the Contact Information/Demographic Form. This section of the form allows participants to indicate their preferred method of contact for follow-up survey completion (e.g., phone numbers, addresses, email, and text messages). At the probation sites, the Contact Information/Demographic Form is completed by participants after post-survey administration. At all other sites, it is completed after pre-survey administration. This difference in administration is due to classroom scheduling constraints at the probation sites.

Follow-up Surveys

Those participants who agree to participate in the follow-up evaluation of the program complete the contact information section of the Contact Information/Demographic Form. 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.

Participants are eligible to receive an incentive gift card after completing the 3-month follow-up survey and after completing the 6-month follow-up survey. Prior to October 7, 2013, participants completing follow-up surveys were given the option to either pick-up their gift card from SNHD or have it mailed to them. On October 7, 2013, SNHD made the decision to no longer mail gift card incentives to participants that complete follow-up surveys. Participants that complete a follow-up survey are required to pick up the incentive at the health district office located at Nellis and Stewart.

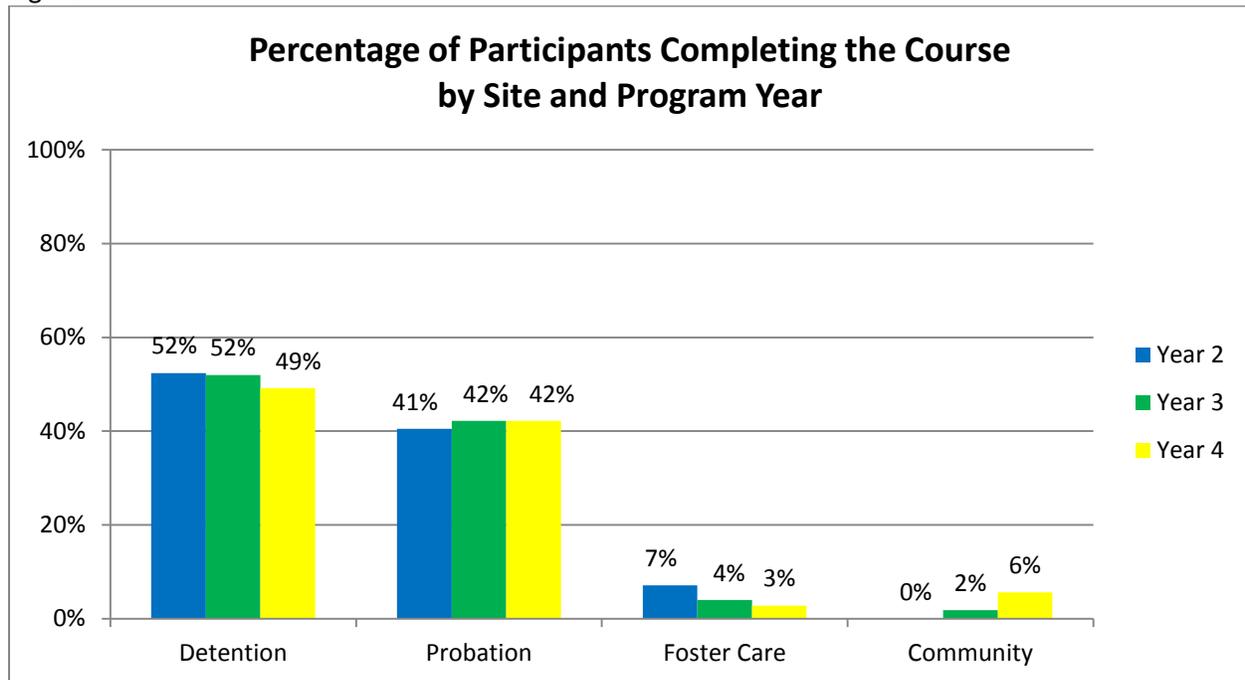
4. Participant Demographics

There were a total of 2336 youth enrolled (completed a pre-survey) during Years Two, Three, and Year Four of the program and of those, 1946 (83.3%) 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 1946 Year Two, Year Three, and Year Four program participants that completed the course, 1427 reported that they were male (73.3%) and 519 reported that they were female (26.7%). The proportion of males to females completing the course has remained fairly consistent across each year of the project.

To date, 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.

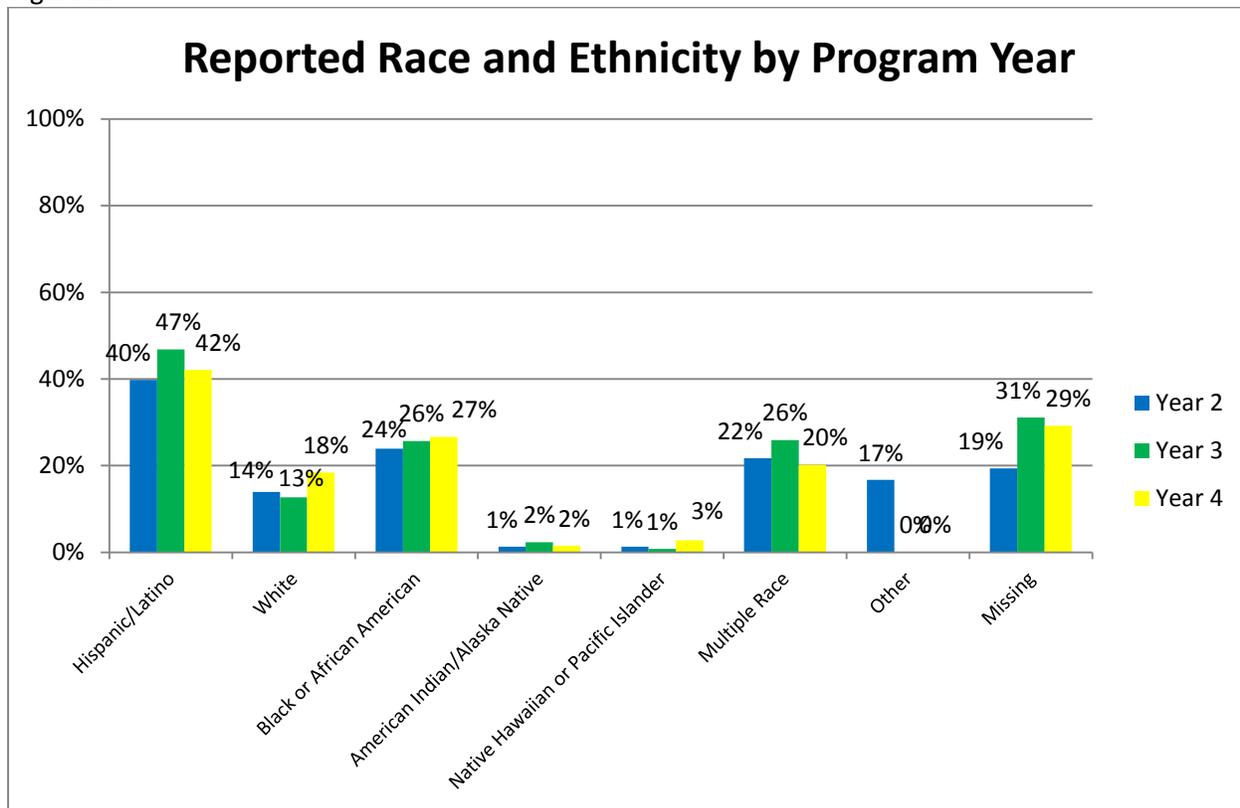
Figure 1.



Race and Ethnicity were asked separately on the questionnaire but are presented in one figure below. Of the 1946 participants that completed the course, 1423 participants provided data regarding race and 1837 participants answered the question about ethnicity. It is interesting to note that of the 793 participants that reported that their ethnicity was Hispanic/Latino, 512 (64.6%) did not indicate their race. On the other hand, of the 1044 participants that indicated that they were not Hispanic/Latino, only 26 (2.5%) 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 across all project years are very similar. See Figure 2 for information regarding reported race and ethnicity by program year.

Figure 2.



Note: As of Year 3, the Race response codes were changed to reflect the coding changes made by OAH. Race responses of “Other” are now coded as “Unknown.” Additionally, although race and ethnicity are presented together in one graph, they were separate questionnaire items.

Participants were also asked to report their current grade level in school. Of the 1946 participants that completed the program, 1828 (93.9%) provided a grade level or reported that that they were not currently enrolled in school. More participants reported being in the 11th grade as compared to any other grade. This trend has been consistent across all project years. 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 1946 participants that completed the course, 1269 (65.2%) participants indicated that they spoke English at home, 130 (6.7%) participants indicated that they spoke Spanish at home, 427 (21.9%) participants indicated that they spoke more than one language at home, and 9 (.5%) participants reported that they spoke languages other than English or Spanish at home. A small percentage of participants (5.7%) did not indicate which language they spoke when at home or with their family. See Appendix A for full results.

Family structure can be a risk factor associated with poor sexual health, therefore a question was asked about whether or not the participant lived in a single parent household. Of the 1946 participants completing the course and answering this question, roughly an equal number of participants reported living in a single parent household (51.1%) as those that did not live in a single parent household (48.9%). 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. In addition, within the goal summary, a comparison of the results is made across each year of the project.

In assessing the progress toward the outcome goals, only the Year Two, Year Three, and Year Four 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

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 that 80% of program participants will 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 valid pre- and post-survey knowledge scores (i.e., answered the entire series of true/false statements on both the pre- and post-survey), and did not earn a perfect score (10/10) on the true/false statements at pre-survey.

Results

Of those participants that completed the course, 1736 had a valid pre-survey knowledge score, 1805 had a valid post-survey knowledge score, and 1633 had a valid score on both the pre-survey and the post-survey. Of those participants with a valid pre- and post-survey score, 177 earned a perfect score of 10/10 on the pre-survey and were excluded from the analysis. Therefore, 1456 participants (1633 minus 177) were included in the analysis of progress toward this goal.

Of the 1456 participants included in the analysis, 77.2% (1124) demonstrated an increase in knowledge about HIV/AIDS transmission and prevention following the course, 5.4% (79) of the participants demonstrated a decrease in knowledge following the course, and 17.4% (253) demonstrated no change in knowledge immediately following the course.

As seen in Table 2, a larger percentage of participants that completed the curriculum at The City of Las Vegas sites demonstrated an increase in knowledge about HIV/AIDS transmission and prevention following the course (83.9%) than did participants who completed the course at detention (78.5%), probation (75.2%), or foster care (76.7%).

Table 2. Change in HIV/AIDS Knowledge from Pre-Survey to Post-Survey across All Sites

	<i>All Sites (n = 1456)</i>	<i>Detention (n = 780)</i>	<i>Probation (n = 585)</i>	<i>Foster Care (n = 60)</i>	<i>City of LV (n = 31)</i>
Increase in Knowledge	77.2% (1124)	78.5% (612)	75.2% (440)	76.7% (46)	83.9% (26)
No Change in Knowledge	17.4% (253)	16.5% (129)	18.6% (109)	16.7% (10)	16.1% (5)
Decrease in Knowledge	5.4% (79)	5.0% (39)	6.2% (36)	6.7% (4)	0.0% (0)
Total	100% (1456)	100% (780)	100% (585)	100% (60)	100% (31)

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 80% (8.0 correct out of 10 possible points) and the average score after the course was 92% (9.2 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 1.37 (SD = 1.31), and the results from the paired samples t-test [$t(1455) = 40.03, p < .000$] show a statistically significant difference between the pre- and post-survey scores indicating that overall, participants scores significantly improved after participation in the course.

As seen in Table 3, program participants from each of the sites demonstrated a statistically significant increase in their knowledge of HIV/AIDS transmission and prevention from pre-survey to post-survey. Participants completing the course at detention demonstrated the largest increase in HIV/AIDS knowledge (1.42 points).

Table 3. Difference between Pre-Survey and Post-Survey HIV/AIDS Knowledge Scores

<i>All Sites (n = 1456)</i>	<i>Detention (n = 780)</i>	<i>Probation (n = 585)</i>	<i>Foster Care (n = 60)</i>	<i>City of Las Vegas (n = 31)</i>
+1.37* (SD = 1.31)	+1.42* (SD = 1.28)	+1.35* (SD = 1.37)	+1.03* (SD = 1.07)	+1.39* (SD = 1.23)

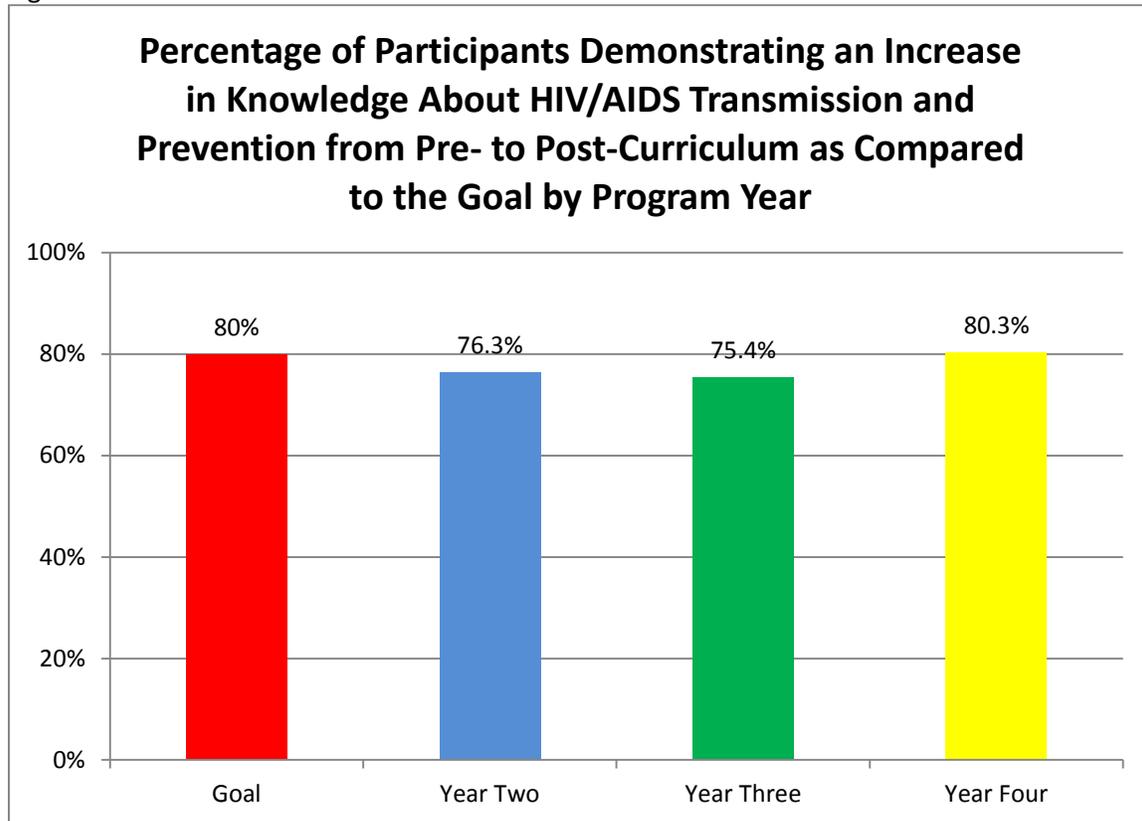
Note. Only those participants that completed the course, had valid pre- and post-survey scores, and did not receive a perfect score (10/10) on the pre-survey knowledge assessment were included in this analysis.
*Indicates that this difference is statistically significant at $p < .01$

Progress Summary

With 77.2% of 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.

However, as seen in Figure 3, this goal was met with regard to Year 4 participants only at 80.3%.

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 that 65% of program participants will 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, 1704 had valid responses to the intention question on both the pre- and post-survey, 765 had valid responses on both the pre-survey and 3-month follow-up survey, and 601 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 82 participants from the pre- to post-survey comparison, 38 participants from the pre-survey to 3-month follow-up survey, and 36 participants from the pre-survey to 6-month follow-up survey comparison.

As seen in Table 4, as compared to pre-survey, 17.4% (282) of the participants reported an increase in their “intention to abstain” at post-survey, 32.5% (236) reported an increase at 3-month follow-up, and 33.1% (187) reported an increase at 6-month follow-up.

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

	<i>Post (n = 1622)</i>	<i>3-Months (n = 727)</i>	<i>6-Months (n = 565)</i>
Increase in Intention	17.4% (282)	32.5% (236)	33.1% (187)
No Change in Intention	70.5% (1143)	53.2% (387)	52.9% (299)
Decrease in Intention	12.1% (197)	14.3% (104)	14.0% (79)
Total	100% (1622)	100% (727)	100% (565)

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?”

At post-survey, a larger percentage of participants who completed the curriculum at probation, as compared to detention and foster care, reported an increase in intention to abstain. Additionally, a larger percentage of participants who completed the curriculum at probation, as compared to detention and foster care, reported an increase in intention to abstain at 3-months and 6-months. The City of Las Vegas was not included in any of these comparisons because too few participants met the inclusion criteria necessary to be included in the analysis. See Table 5.

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

	<i>Detention</i>			<i>Probation</i>			<i>Foster Care</i>			<i>City of Las Vegas</i>		
	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>
Increase in Intention	16.5% (146)	32.4% (104)	31.6% (83)	18.6% (120)	33.8% (116)	38.2% (96)	14.3% (9)	16.2% (6)	15.6% (5)	n/a	n/a	n/a
No Change in Intention	72.5% (642)	57.3% (184)	55.5% (146)	69.0% (446)	50.1% (172)	49.8% (125)	60.3% (38)	54.1% (20)	59.4% (19)	n/a	n/a	n/a
Decrease in Intention	11.0% (97)	10.3% (33)	12.9% (34)	12.4% (80)	16.0% (55)	12.0% (30)	25.4% (16)	29.7% (11)	25.1% (8)	n/a	n/a	n/a
Total	100% (885)	100% (321)	100% (263)	100% (646)	100% (343)	100% (251)	100% (63)	100% (n=37)	100% (n=32)	(n=28)	(n=26)	(n=19)

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, $F(2.66, 1094.88) = 15.86$ at $p < .000$.

Post hoc tests using the Bonferroni correction indicate statistically significant differences between participant intention to abstain at pre-survey and all other survey time points. There was also a statistically significant difference between the post-survey and the 3- and 6-month follow-up survey time points (see Table 6). This indicates that intention to abstain from sex significantly increased from pre-curriculum to the post-curriculum time point, as well as from the post-curriculum time point to the 3- and 6-month follow-up survey time points.

Table 6. Average Intention to Abstain Score across Survey Time Points

	Pre-Survey (n = 413)		Post-Survey (n = 413)		3-Month Follow-Up Survey (n = 413)		6-Month Follow-Up Survey (n = 413)	
	M	SD	M	SD	M	SD	M	SD
Intention to Abstain Score	1.51 ^{ab}	.63	1.60 ^{acd}	.72	1.76 ^{ac}	.79	1.74 ^{bd}	.79

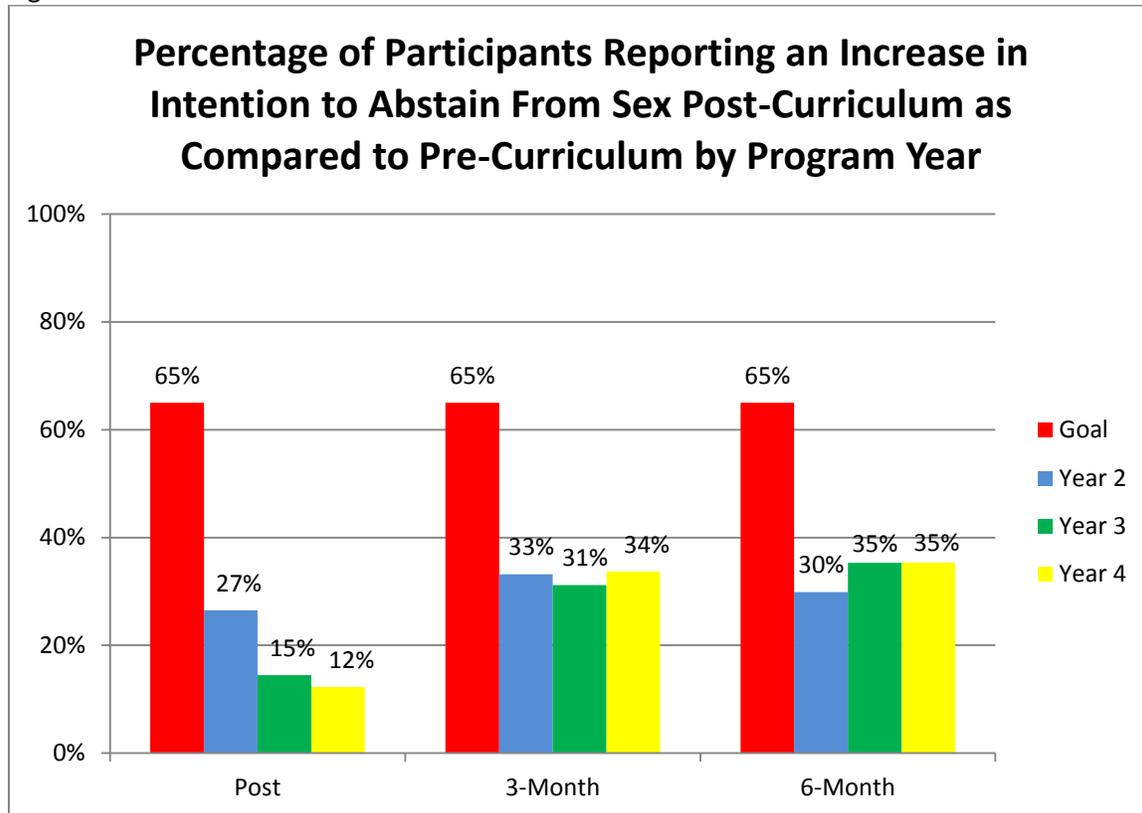
Note: Cells sharing the same superscript statistically significantly differ at $p < .01$; Averages and standard deviations given for only those participants that provided an answer to the question on all 4 surveys and excludes those participants who responded, “No, definitely not” when asked at pre-survey, “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 program participants report an increase in intention to abstain from sex at least 6 months post-curriculum. The largest percentage of participants reporting an increase in intention to abstain as compared to pre-survey was seen at 6-months post curriculum (33.1%). Although the goal was not met, intention to abstain did statistically significantly increase post-curriculum and remained high at the 3-month and 6-month follow-up time points.

As seen in Figure 4, the percentage of participants reporting an intention to abstain from sex immediately post-curriculum has decreased each year. However, at the follow-up survey time points, the percentage of participants reporting an intention to abstain has remained fairly consistent over the three years.

Figure 4.



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 reported having fewer sex partners 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 that 50% of program participants will report a reduction in sex partners post-curriculum 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 have 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

(i.e., 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, 274 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 217 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, 29.2% (80) of participants reported a decrease in the number of sex partners “during the past three months” at 3-month follow-up, and 24.9% (54) of participants reported a decrease at 6-month follow-up.

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

	3-Months (n = 274)	6-Months (n = 217)
Decrease in Number of Partners	29.2% (80)	24.9% (54)
No Change in Number of Partners	47.4% (130)	50.7% (110)
Increase in Number of Partners	23.4% (64)	24.4% (53)
Total	100% (274)	100% (217)

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 “0” sex partners on the pair of surveys being compared.

As seen in Table 8, a larger percentage of participants who completed the curriculum at detention reported a decrease in the number of sexual partners at both 3- and 6-months as compared to those completing the curriculum at probation. Too few participants from foster care and The City of Las Vegas sites met the criteria necessary to be included in this analysis; therefore neither of these sites was included in this comparison.

Table 8. Change in Number of Sex Partners from Pre-Survey Across Sites

	Detention		Probation		Foster Care		City of Las Vegas	
	3-Month	6-Month	3-Month	6-Month	3-Month	6-Month	3-Month	6-Month
Decrease in Number of Partners	34.7% (34)	35.6% (31)	25.9% (42)	19.2% (23)	n/a	n/a	n/a	n/a
No Change in Number of Partners	51.0% (50)	40.2% (35)	45.1% (73)	58.3% (70)	n/a	n/a	n/a	n/a
Increase in Number of Partners	14.3% (14)	24.1% (21)	29.0% (47)	22.5% (27)	n/a	n/a	n/a	n/a
Total	100% (98)	100% (87)	100% (162)	100% (120)	(n=11)	(n=7)	(n=3)	(n=3)

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 “0” sex partners on the pair of surveys being compared.

Two paired samples t-tests were conducted to determine if participants reported a significant decrease in the number of partners “during the past three months” at either of the follow-up intervals as compared to pre-survey. Although the mean number of partners decreased from pre-survey to both follow-up time points, results from the paired samples t-test indicate that there was not a statistically significant difference in the number of sex partners between the pre-

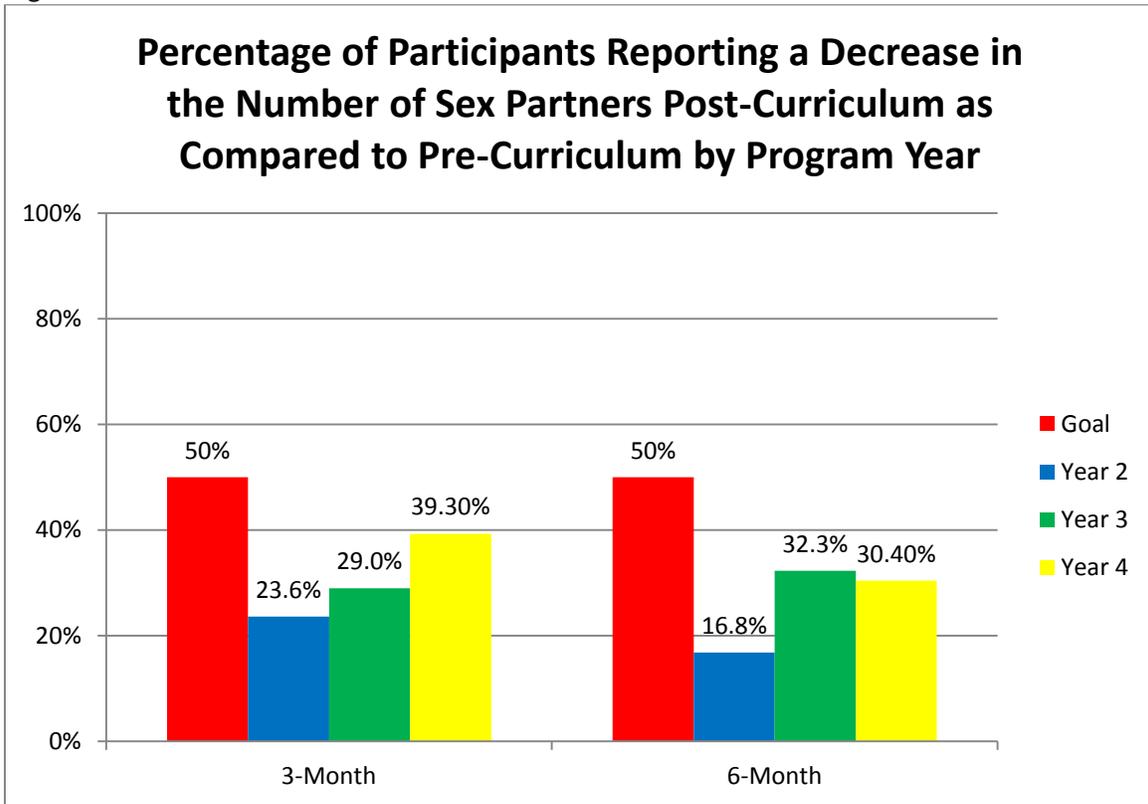
survey ($M = 1.87, SD = 2.26$) and the 3-month follow-up survey ($M = 1.65, SD = 1.15$) time period, [$t(273) = 1.45, p = .150$]. Additionally, there was not a statistically significant difference between the pre-survey ($M = 1.70, SD = 1.97$) and the 6-month follow-up survey ($M = 1.59, SD = 1.48$) time period, [$t(216) = .63, p = .53$].

Progress Summary

The Southern Nevada Health District did not meet the goal of having 50% of program participants report a reduction in number of sex partners as compared to pre-curriculum testing. As compared to pre-survey, 29.2% of participants reported a decrease in the number of sex partners “during the past three months” at 3-month follow-up, and 24.9% of participants reported a decrease at 6-month follow-up.

As seen in Figure 5, the percentage of participants reporting a decrease in the number of sex partners at 3-month follow-up has increased during each year of the project.

Figure 5.



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

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 have never had sex, (2) if their responses were “illogical” (i.e., 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, 399 had a valid response to this question on both the pre-survey and 3-month follow-up survey and 294 had valid responses on both the pre-survey and 6-month follow-up survey.

As seen in Table 9, as compared to pre-survey, overall 43.6% (174) of participants reported an increase in condom use at 3-month follow-up and 41.2% (121) of participants reported an increase in condom use at 6-months. Participants completing the curriculum at probation reported a larger percent increase in condom use than participants completing the program at detention at both 3-months (52.4%) and 6 months (52.3%) as compared to pre-survey. A full comparison across sites was not possible because there were too few participants from foster care and The City of Las Vegas that met the criteria to be included in the analyses.

Table 9. Change in Condom Use from Pre-Survey across All Sites

	<i>All Sites</i>		<i>Detention</i>		<i>Probation</i>		<i>Foster Care</i>		<i>City of Las Vegas</i>	
	<i>3- Months</i>	<i>6- Months</i>	<i>3- Months</i>	<i>6- Months</i>	<i>3- Months</i>	<i>6- Months</i>	<i>3- Months</i>	<i>6- Months</i>	<i>3- Months</i>	<i>6- Months</i>
Increase in Condom Use	43.6% (174)	41.2% (121)	36.6% (78)	33.3% (57)	52.4% (88)	52.3% (56)	n/a	n/a	n/a	n/a
No Change in Condom Use	40.9% (163)	42.9% (126)	49.8% (106)	48.0% (82)	31.5% (53)	36.4% (39)	n/a	n/a	n/a	n/a
Decrease in Condom Use	15.5% (62)	16.0% (47)	13.6% (29)	18.7% (32)	16.1% (27)	11.2% (12)	n/a	n/a	n/a	n/a
Total	100% (399)	100% (294)	100% (213)	100% (171)	100% (168)	100% (107)	(n = 15)	(n = 14)	(n = 3)	(n = 2)

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.

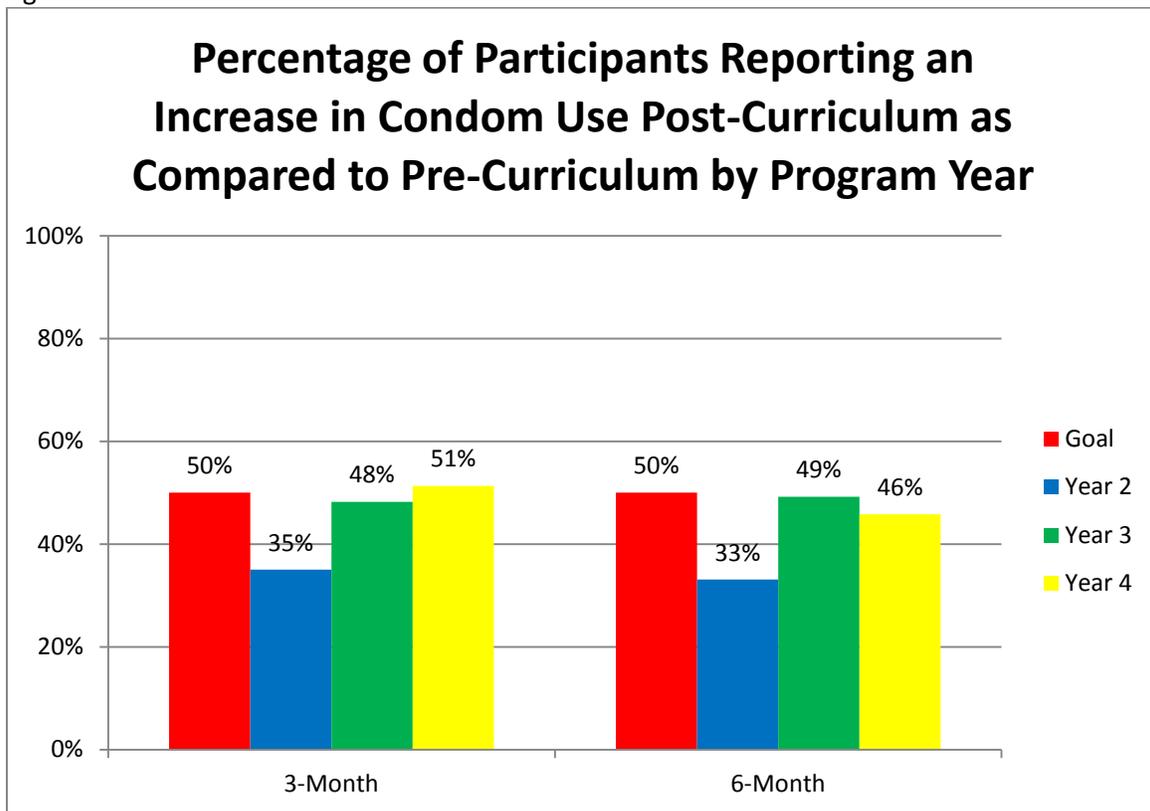
Two paired samples t-tests were conducted to determine if overall participants reported a statistically significant increase in condom use at either of the follow-up time points as compared to pre-survey. Results from the paired samples t-test indicate that there was a statistically significant difference in condom use between the pre-survey ($M = 2.1, SD = .80$) and the 3-month follow-up survey ($M = 2.6, SD = .97$) time period, [$t(398) = 8.48, p = .000$]. Additionally, there was a statistically significant difference between the pre-survey ($M = 2.1, SD = .82$) and the 6-month follow-up survey ($M = 2.6, SD = 1.03$) time period, [$t(293) = 6.86, p = .000$]. These results indicate that participants did report a statistically significant 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 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, 43.6% of participants reported an increase in condom use at 3-months and 41.2% of participants reported an increase in condom use at 6-months.

However, as seen in Figure 6, this goal was met at the 3-month follow-up time point for Year 4 participants only. Also, the percentage of participants reporting an increase in condom use has increased at the 3-month follow-up time point each year of the project.

Figure 6.



Outcome Goal Five:

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

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), 1532 had a valid score on both the pre- and post-survey, 688 had a valid score on both the pre-survey and 3-month follow-up survey, and 524 had a valid score on both the pre-survey and 6-month follow-up.

As seen in Table 10, 57.3% of participants reported an increase in refusal skills from pre-survey to post-survey, 58.9% reported an increase from pre-survey to 3-month follow-up, and 66.2% reported an increase from pre-survey to 6-month follow-up.

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

	<i>Post-Survey (n = 1532)</i>	<i>3-Months (n = 688)</i>	<i>6-Months (n = 524)</i>
Increase in Refusal Skills Score	57.3% (878)	58.9% (405)	66.2% (347)
No Change in Refusal Skills Score	25.7% (394)	18.5% (127)	15.3% (80)
Decrease in Refusal Skills Score	17.0% (260)	22.7% (156)	18.5% (97)
Total	100% (1532)	100% (688)	100% (524)

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

The largest increase in refusal skills scores was reported at the 3-month follow-up time point by those participants that completed the course in foster care (72.0%). Too few participants from The City of Las Vegas completed the follow-up surveys and therefore could not be included in the analyses. For the same reason, foster care was not included in the analyses at 6-month follow-up. See Table 11.

Table 11. Change in Refusal Skills Score from Pre-Survey across Sites

	<i>Detention</i>			<i>Probation</i>			<i>Foster Care</i>			<i>City of Las Vegas</i>		
	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>	<i>Post</i>	<i>3-Month</i>	<i>6-Month</i>
Increase in Refusal Skills Score	60.4% (510)	58.9% (178)	65.8% (160)	54.1% (325)	59.7% (193)	66.4% (158)	44.6% (25)	72.0% (23)	n/a	58.1% (18)	n/a	n/a
No Change in Refusal Skills Score	24.1% (203)	19.2% (58)	15.6% (38)	27.3% (164)	17.0% (56)	14.7% (35)	35.7% (20)	15.6% (5)	n/a	22.6% (7)	n/a	n/a
Decrease in Refusal Skills Score	15.5% (131)	21.9% (66)	18.5% (45)	18.6% (112)	24.3% (80)	18.9% (45)	19.6% (11)	12.5% (4)	n/a	19.4% (6)	n/a	n/a
Total	100% (844)	100% (302)	100% (243)	100% (601)	100% (329)	100% (238)	100% (56)	100% (32)	(n=27)	100% (31)	(n=25)	(n=16)

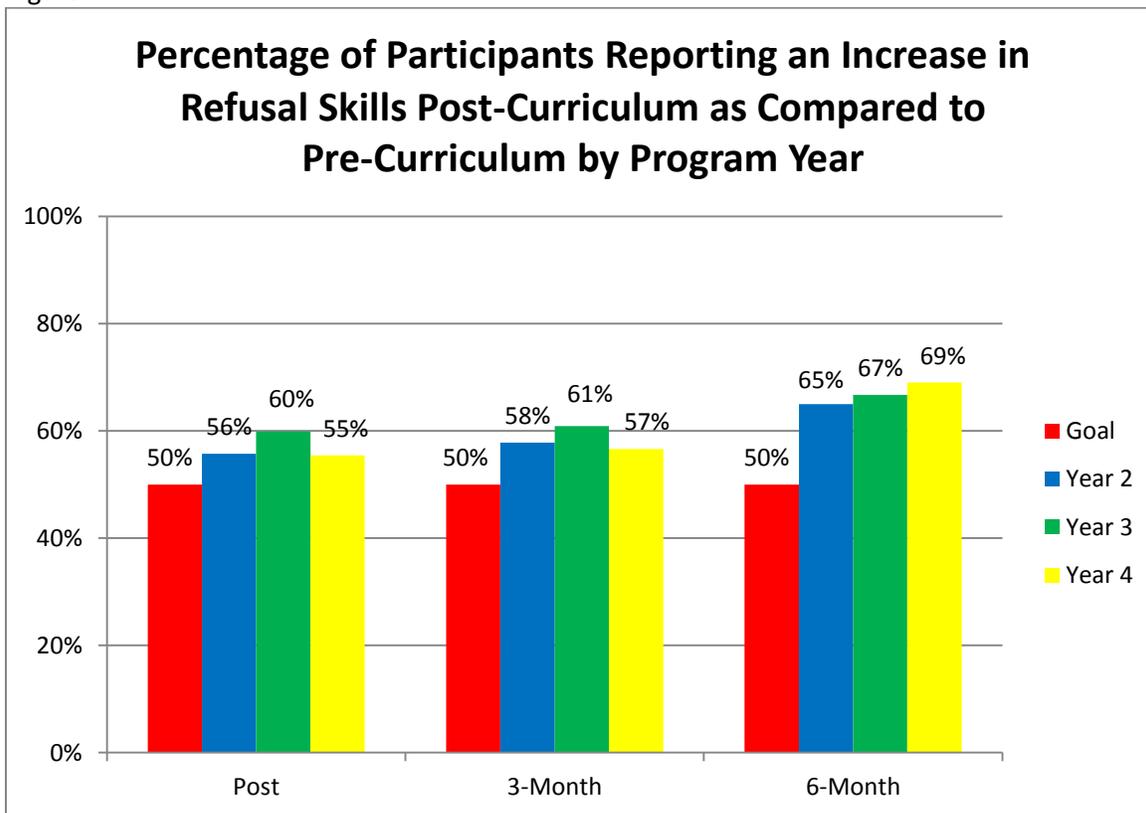
Note. Participants were excluded from this analysis if their pre-survey refusal skills score was 5 (very easy to refuse sex).

Progress Summary

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. As compared to pre-survey, 57.3% of participants reported an increase in refusal skills at post-survey, 58.9% of participants reported an increase in refusal skills at 3-month follow-up, and 66.2% of participants reported an increase in refusal skills at 6-month follow-up.

As seen in Figure 7, thus far, this goal has been met during each year of the project at all measurement time points. In addition, for each year of the project, the largest increase in refusal skills scores has been reported at the 6-month follow-up time point.

Figure 7.



6. Year Four 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 primarily with 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 Clark County, 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 2336 participants that have been enrolled in the SNHD Teen Pregnancy Prevention Program, 81.7% reported ever having sex, while according to the 2013 Nevada Youth Risk Behavior Survey (YRBS): Clark County Analysis (Frankenberger, Clements-Nolle, Zhang, Larson, and Yang, 2014), only 40.2% of adolescents in Clark County, Nevada reported ever having sex. SNHD Teen Pregnancy Prevention Program participants were also more likely to have had sex in the past three months (68.2%) as compared to 26.4% of Clark County’s adolescents as reported by the 2013 YRBS. In addition, a larger proportion of program participants reported ever having been pregnant or gotten someone pregnant (19.9%) than that of the Clark County youth population (4.4%). The current project rates for these variables are presented in Table 12 and are compared with the 2013 Clark County Nevada YRBS rates.

Table 12. Comparison between SNHD TPP participants and 2011 Nevada YRBS results

	SNHD TPP participants (n = 2336)	2013 Clark County, Nevada YRBS (n = 1185)
Ever had sex?	81.7%	40.2%
Had sex in the past three months	68.2%	26.4%
Sexual intercourse before age 13	22.8%	5.7%
Ever been pregnant or gotten someone pregnant	19.9%	4.4%
<i>* Data obtained from http://chs.unr.edu/subpages/research/documents/2013NevadaYRBSClarkCountyAnalysisUpdated.pdf</i>		

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 to date
1. 80% of program participants will report an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum (Knowledge)	77.2% of program participants demonstrated an increase in knowledge about HIV/AIDS transmission and prevention immediately following curriculum
2. 65% 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"> • 17.4% of participants immediately following course completion • 32.5% of participants at 3-months • 33.1% of participants at 6-months
3. 50% 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"> • 29.2% of participants from pre-curriculum to 3-months post-curriculum • 24.9% of participants from pre-curriculum to 6-months post-curriculum
4. 50% 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"> • 43.6% of participants from pre-curriculum to 3-months post-curriculum • 41.2% of participants from pre-curriculum to 6-months post-curriculum
5. 50% 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"> • 57.3% of participants from pre-survey to post-survey • 58.9% of participants from pre-survey to 3-month follow-up survey • 66.2% of participants from pre-survey to 6-month follow-up survey

During each year of the project, the Southern Nevada Health District (SNHD) has exceeded Goal 5 (increase in refusal skills) and has come close to meeting Goal 1 (increase in knowledge about HIV/AIDS). When analyzing Year 4 data independent from the Year 2 and Year 3 data, SNHD did meet Goal 1 for the first time.

Recommendations for Improvement

1. Program Improvement

Since the chosen curricula have been effective in impacting the chosen outcome goal areas for others who have implemented the curricula, it is important to continue to measure fidelity and adhere to program curricula. In addition, it is recommended that program staff, especially the Health Educators, examine this report and meet to discuss potential methods to improve progress toward the outcome goals for Year 5.

2. Outcome Evaluation Improvement

During this project year, one barrier was encountered which slightly decreased the 3- and 6-month follow-up survey response rate. On October 7, 2013, the Southern Nevada Health District (SNHD) made the decision to no longer mail gift card incentives to participants that complete follow-up surveys. Participants are now required to pick up their incentive at the health district office. An exception is made for those participants detained at Caliente Youth Camp, Spring Mountain Youth Camp, or Nevada Youth Training Center but not for any other reason.

To avoid the situation in which a participant completes a follow-up survey without the means to pick up their incentive, this requirement is now explained to youth when they are reached for a follow-up survey but prior to survey administration. This way, a participant can decide to complete the survey or not, with the pick-up requirement being fully disclosed to them prior to them completing the survey. Additionally, a minor change was made to the Pre- and Post-Survey Informed Consent/Confidentiality Statement. In the statement, participants are told that they are “eligible to receive” the incentive, not that they “will receive” it. If participants inquire about how they will receive the follow-up incentive, they are told that they will be required to pick it up from the health district unless they are at Caliente Youth Camp, Spring Mountain Youth Camp, or Nevada Youth Training Center.

In mid-November of 2013, NICRP began tracking the number of participants that refuse to take a follow-up survey because of their inability to pick up the incentive gift card. To date, due to their inability to pick up the incentive gift card, seven participants have refused to complete the 3-month follow-up survey and 10 participants have refused to complete the 6-month follow-up survey.

Appendix A: Participant Demographics

Demographic Variable	Year 2 (n = 603)		Year 3 (n = 734)		Year 4 (n = 609)		Total (N = 1946)	
	Count (N)	Percent (%)						
Gender	603	100%	734	100%	609	100%	1946	100%
Male	453	75.1	531	72.3	443	72.7	1427	73.3
Female	150	24.9	203	27.7	166	27.3	519	26.7
Missing	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0
Age	603	100%	734	100%	609	100%	1946	100%
11	0	0.0	2	0.3	2	0.3	4	0.2
12	6	1.0	13	1.8	8	1.3	27	1.4
13	32	5.3	34	4.6	28	4.6	94	4.8
14	59	9.8	87	11.9	55	9.0	201	10.3
15	112	18.6	150	20.4	129	21.2	391	20.1
16	167	27.7	173	23.6	157	25.8	497	25.5
17	190	31.5	226	30.8	196	32.2	612	31.4
18	33	5.5	40	5.4	30	4.9	103	5.3
More than or Equal to 19	2	0.3	9	1.2	2	0.4	13	0.7
Missing	2	0.3	0	0.0	2	0.3	4	0.2
Grade Level	603	100%	734	100%	609	100%	1946	100%
6 th Grade	2	0.3	9	1.2	5	0.8	16	0.8
7 th Grade	15	2.5	25	3.4	19	3.1	59	3.0
8 th Grade	62	10.3	76	10.4	40	6.6	178	9.1
9 th Grade	84	13.9	106	14.4	92	15.1	282	14.5
10 th Grade	123	20.4	131	17.8	121	19.9	375	19.3
11 th Grade	145	24.0	164	22.3	155	25.5	464	23.8
12 th Grade	107	17.7	121	16.5	100	16.4	328	16.9
GED	7	1.2	14	1.9	10	1.6	31	1.6
College	5	0.8	8	1.1	6	1.0	19	1.0
Not Currently in School	21	3.5	39	5.3	16	2.6	76	3.9
Missing	32	5.3	41	5.6	45	7.4	118	6.1
Ethnicity	603	100%	734	100%	609	100%	1946	100%
Hispanic or Latino	220	36.5	326	44.4	247	40.6	793	40.8
Not Hispanic or Latino	333	55.2	371	50.5	340	55.8	1044	53.6
Missing	50	8.3	37	5.0	22	3.6	109	5.6
Race	603	100%	734	100%	609	100%	1946	100%
American Indian/Alaska Native	8	1.3	17	2.3	9	1.5	34	1.7
Asian	9	1.5	11	1.5	8	1.3	28	1.4
Black or African American	145	24.0	189	25.7	162	26.6	496	25.5
Native Hawaiian or Pacific Islander	8	1.3	6	0.8	17	2.8	31	1.6
White	84	13.9	93	12.7	112	18.4	289	14.9
Multiple Races	131	21.7	190	25.9	123	20.2	444	22.8
Other	101	16.7	0	0.0	0	0.0	101	5.2
Missing	117	19.4	228	31.1	178	29.2	523	26.9

Participant Demographics (continued)

Demographic Variable	Year 2 (n = 603)		Year 3 (n = 734)		Year 4 (n = 609)		Total (N = 1946)	
	Count (N)	Percent (%)						
Home Language	603	100%	734	100%	609	100%	1946	100%
English	384	63.7	475	64.7	410	67.3	1269	65.2
Spanish	49	8.1	52	7.1	29	4.8	130	6.7
Multiple Languages	122	20.2	174	23.7	131	21.5	427	21.9
Other	4	0.7	3	0.4	2	0.3	9	0.5
Missing	44	7.3	30	4.1	37	6.1	111	5.7
“Single Parent” Household?	603	100%	734	100%	609	100%	1946	100%
Yes	283	46.9	345	47.0	298	48.9	926	47.6
No	270	44.8	350	47.7	267	43.8	887	45.6
Missing	50	8.3	39	5.3	44	7.2	133	6.8
Program Location	603	100%	734	100%	609	100%	1946	100%
Detention	316	52.4	381	51.9	301	49.4	999	51.3
Unit E-1	0	0.0	15	2.0	0	0.0	15	0.8
Unit E-2	108	17.9	112	15.3	122	20.0	343	17.6
Unit E-3	100	16.6	143	19.5	112	18.4	355	18.2
Unit E-5	85	14.1	105	14.3	67	11.0	257	13.2
Unit E-7	23	3.8	0	0.0	0	0.0	23	1.2
SMYC	0	0.0	6	0.8	0	0.0	6	0.3
Probation	244	40.5	310	42.2	257	42.2	811	41.7
Martin Luther King, Jr.	76	12.6	92	12.5	72	11.8	240	12.3
Stewart	71	11.8	85	11.6	61	10.0	217	11.2
Charleston	57	9.5	91	12.4	78	12.8	226	11.6
Flamingo	40	6.6	42	5.7	46	7.6	128	6.6
Foster Care (SAFY)	43	7.1	29	4.0	17	2.8	89	4.6
City of Las Vegas	0	0.0	13	1.8	34	5.6	47	2.4

Note. Demographic information only provided for those participants that completed the course (N=1946). The total number of enrolled participants was 2336.

Appendix B: References

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