



Personal Responsibility Education Program
Evaluation Report
June 2017



Prepared by
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PREP Evaluation Preliminary Evaluation Report

April 2016 – June 2017

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Funding for the PREP evaluation is provided through a grant administered by ODH, with leadership and oversight provided by ODH staff, including: Angela Norton, Program Chief, School and Adolescent Health; Henry Lustig, Ohio PREP Project Manager; and Sara Haig and Pam Hatchett, Program Consultants, School and Adolescent Health. Kevin Shepard, Department of Youth Services also participated in PREP during the 2016-2017 program year.

Staff at Ohio University's Voinovich School of Leadership and Public Affairs serve as the evaluators of the Ohio PREP program. Evaluation team members from the Voinovich School have included: Margaret Hutzler, MPA, MFA; Bridget Lair, MAIA; Kelli Schoen, MA; Natalie Wilson, MPA, and Marina Olsen, Student Researcher.

Most importantly, we offer our sincerest appreciation to the dedicated trainers and facilitators who implement this project with youth.

Executive Summary

To reduce Ohio's teen pregnancy and sexually transmitted infection (STI) rates, including Human Immunodeficiency Virus (HIV), among youth residing in foster care and the juvenile justice systems, the Ohio Department of Health (ODH) partners with the Ohio Department of Job and Family Services (ODJFS), and the Ohio Department of Youth Services (DYS) to train staff in evidence-based pregnancy prevention programming and sexual health education, including topics of pregnancy, contraception, and STI and HIV prevention. The evidence-based programming also emphasizes healthy relationships, decision-making skills, communication, career-building, and financial literacy.

ODH contracts with Ohio University's Voinovich School of Leadership and Public Affairs to be the external evaluator. The evaluation team developed a robust evaluation to assess implementation, outputs, and short-term outcomes.

The data analysis and reports provided by the evaluation team for the PREP program document the effectiveness of the program in meeting goals established by the federal funder. All data collected is reported to multiple partners in addition to the federal government such as PREP partners (ODJFS and DYS), regional sub-grantees, and public entities. This report summarizes data from April 2016 to March 2017. Focus groups, however, were conducted in June 2017. This is Ohio's sixth year of PREP funding and fourth year of implementation with Ohio youth.

Evaluation Findings:

- Facilitators implementing PREP report positively about the program content regarding its potential impact on youth participating. They have mixed opinions regarding the implementation of the intervention, and their experiences with training and external support vary.
- Youth open response data reveal they are satisfied with the program and feel they are learning valuable sexual health information.
- Ninety-one percent of PREP youth taking the post-test report they were interested in the program sessions and classes at least some of the time (N=297).
- A comparison of start and end date in the attendance data show 39% (N=867) of youth are receiving the intervention in the prescribed time period
- On exit, 55% of youth (for whom matched pre and post data is available) who have not had sex report an increased likelihood they will continue to abstain from sex;

35% of youth who have already had sex report an increased likelihood they will abstain in the next six months.

- On exit, 11% more youth (for whom matched pre and post data is available) report they would abstain from sex because they did not want to get pregnant or get someone pregnant.
- On exit, 9% more youth (for whom matched pre and post data is available) report it is probable or certain they could ask their partner to use a condom.
- Youth knowledge of risk factors for pregnancy and STIs increased, with the largest increase being the percentage of youth who learned some health clinics do not require parental permission to diagnose STIs including HIV.
- Among those youth who completed both pre and post surveys, and reported that they did not use birth control (N=70), 67% reported an increased likelihood of using birth control or abstaining in the next six months.
- 65% of youth who attended at least one session received 12 hours or more of instruction (N=868)¹.

Participant demographics

- PREP participants are comprised of 20% females and 80% males. And 86% of youth *who attended at least one session* are in the juvenile justice system (N=868), while 14% of youth *who attended at least one session* are in foster care (N=868).²
- 80% of youth completing the pre-test report that they have had sex (N=441). Of those youth, 31% report they have been pregnant or caused someone to be pregnant.

¹ Reflects youth with a program end date between April 1st, 2016 and March 24th, 2017

² IBID

Introduction

PREP Background and Program Structure

The desired outcomes for Ohio's PREP program include increases in youths' knowledge around sexual health, intent to abstain from sex, and intent to use contraception, as well as decreases in teen birth rates and incidence of sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV).

Specifically, ODH set the following four goals for PREP:

1. Reduce teen pregnancy and STI rates (including HIV/AIDS) in target populations;
2. Increase the number of youth in the target populations who successfully transition to adulthood;
3. Increase standardized in-service training for child welfare and juvenile justice professionals to promote delivery of evidence-based, competency-based teen pregnancy and STI prevention; and
4. Increase standardized in-service adulthood preparation training of youth in the target population. The focus is on three adulthood preparation topics of healthy relationships, financial literacy, and career-building skills.

Ohio's selected program, *Reducing the Risk (RTR)*³ is an evidence-based teen pregnancy prevention program used throughout the United States.

Furthermore, state-level PREP programs receive funding from the U.S. Department of Health and Human Services, which instructs programs to monitor and report specific indicators including program fidelity, community engagement, influence with at-risk youth, effectiveness in reducing pregnancy and STIs, impact on participant knowledge and intentions, and, ultimately, how those impacts affect community-level birth rates and STIs. Those data will help to evaluate the effectiveness of the program continually as it matures and innovative methods become integrated into the program.

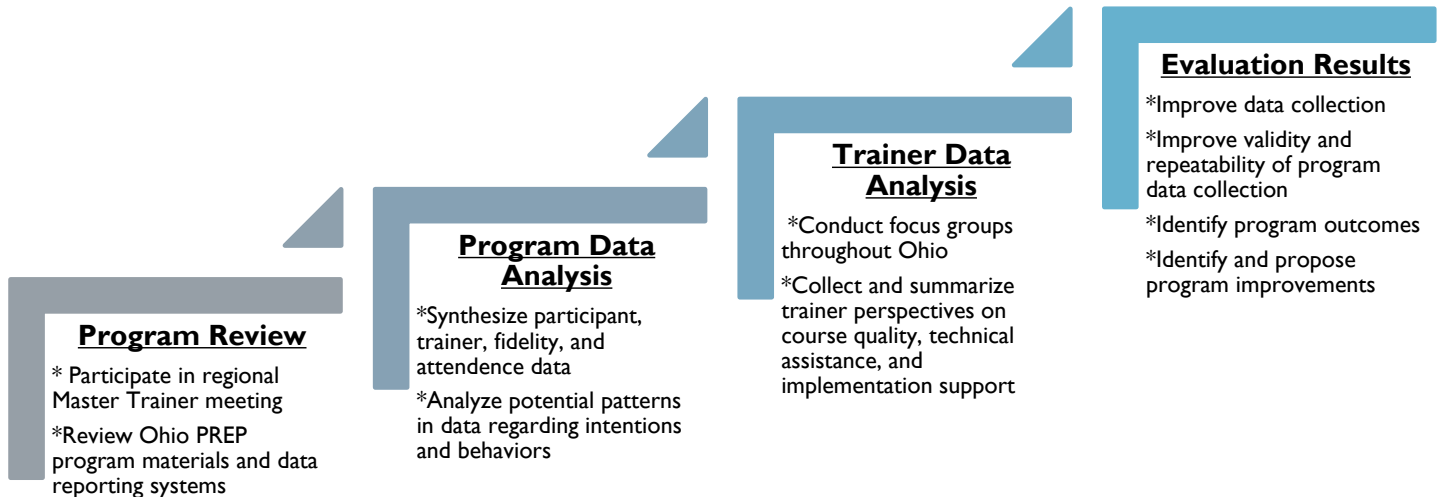
PREP Topics and Tactics

Ohio's PREP program targets youth ages 14 to 19 who are in foster care or the juvenile justice system. Using a train-the-trainer model, Ohio PREP provides state-level trainings to nine regional sub-grantees, who then provide training to foster care and juvenile justice agency-level staff across Ohio's 88 counties (Appendix C provides a map of Ohio's PREP regions). The program uses a focused approach of reducing risk-taking behaviors by educating about contraception use, condom use, or delay of sexual contact to avoid

³ Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the risk: impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives*, 23(6), 253-263.

HIV/STIs and pregnancy. The program consists of 16 course modules focused on sexual health and three additional modules addressing healthy relationships, career-building, and financial literacy. Programs are charged with delivering these modules at minimum over a two-day period and at maximum over a 30-day period.

Evaluation Approach and Activities



Evaluation Overview

The Ohio University Voinovich School of Leadership and Public Affairs serves as the external evaluator for Ohio PREP. The 2016-2017 program year analysis continues with a mixed-methods evaluation including quantitative review of PREP participant, trainer, and program fidelity data, as well as qualitative data from youth post-test comments and focus groups with program trainers. The evaluation presents a summative analysis of PREP implementation and program outcomes.

Evaluation Team Key Activities

- 1) Enter and process program data. Create reports for the federal PREP program and ODH.
- 2) Analyze program data to evaluate program effectiveness and participant knowledge.
- 3) Identify methods that enhance sustainability, validity, and replicability.
- 4) Present program findings to PREP sub-grantees, stakeholders, and the federal government.

Data Collection

Youth Entry and Exit Surveys

Ohio PREP staff developed the youth entry and exit surveys based on recommended survey questions developed by Education Training and Research (ETR), the curriculum developer. Paula Braverman, M.D. and Keith King, PhD developed the adulthood portion of the curriculum and adapted the RTR curriculum for presentation to the target population.

Instruments are available in Appendix E. PREP federal performance measures questions (1-17) were included verbatim, as required by federal sponsors. The evaluation team reviewed data collection instruments and procedures.

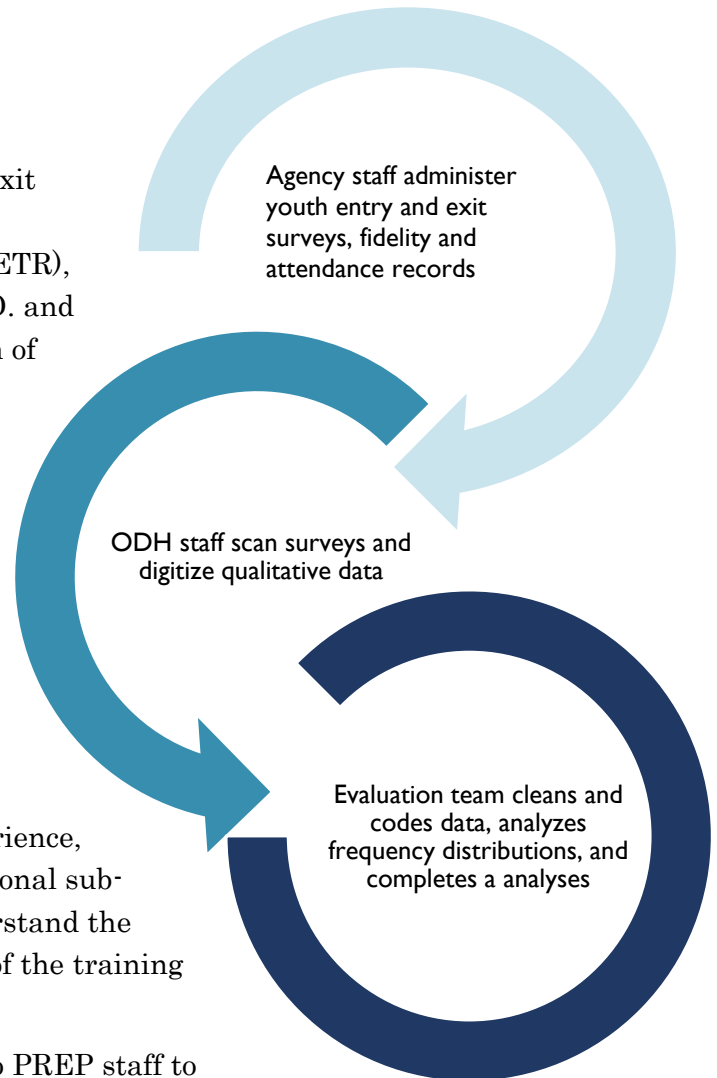
Focus Groups

Agency facilitators comprise the focus group participants; their discussion of knowledge, experience, and program understanding gained from the regional sub-grantee trainers helps the evaluation team understand the process and agency staff perceived effectiveness of the training and implementation.

The evaluation team worked in concert with Ohio PREP staff to determine the process and identify focus group questions. Ohio's PREP manager collected contact information for agency facilitators and sent it to the evaluation team. The evaluators randomly sampled agency facilitators throughout the state and sent iterative emails to sample groups until enough participants agreed to attend.

Fidelity and Attendance Logs

Analysis of self-reported program implementation fidelity data and trainer comments allowed the evaluation team to determine if trainers believe they delivered the program to participants with fidelity. Because the program is evidence-based, following the curricula and integrating the provided materials and activities is important if the desired outcomes are to be achieved. Drs. Braverman and King also developed the fidelity logs, which ask if facilitators implemented each activity according to curriculum design. If the facilitators made any changes, they were instructed to document in the fidelity log what changed and how, and why facilitators made those changes. At program completion, facilitators also



submit attendance logs, which allow the evaluation team to calculate program completion rates for every student.

Monthly calls, Trainings, and Coalition Meetings

In addition to review of participant and trainer participation and survey data, one or more members of the evaluation team participated in PREP regional facilitator monthly calls in which the PREP program manager and regional facilitators identify strengths, accomplishments, and challenges. Notes from these calls help inform this report and the discussion of facilitator perceptions of program training, implementation, and effectiveness.

The evaluation team also participated in state-level PREP trainings, which allowed the team to better understand how PREP training is implemented and to learn, in person, how master trainers and frontline agency staff perceive the curriculum, its delivery, and student engagement and response.

Program Fidelity

Facilitators indicated they provide the PREP curriculum to fidelity. Self-reported logs, which identify all key points in each session, show fidelity reaching 100% for almost all instructors. Only a few agencies report changes to the curriculum, and those changes are typically caused by too few participants to complete the activity or time constraints. A concern identified in 2015/2016 – the variation in program duration far outside of the recommended days – remains a challenge. Only 30% of youth had the program in the right time window (from Attendance data).

Curricular components

According to fidelity logs completed by program providers, youth in the program most frequently received instruction in most or all of the course components. On average, providers report delivering 99% of the required curricular components during the sessions. When the data are explored by session number (session one through nineteen) sites had the most difficulty with session 13; only 86% of sites provided all of the session components. Fidelity data by PREP session is included in Appendix D.

Perceptions of the Program

Facilitators' perceptions

Staff facilitating PREP sessions complete a survey about implementation after each session in an attempt to monitor fidelity to the program design. Two questions on the survey seek responses regarding what worked well during the lesson and what challenges, if any, were experienced.

Though facilitators did not provide responses after the majority of sessions (N=833) do not have corresponding responses to the question, 245 sessions have responses that indicate something worked well about the session. The most dominant theme (95 comments) was about the group discussion, self-expression, or asking good questions.

- *“group discussion on the observation checklist”*
- *“youth liked this lesson, lots of questions and discussions”*
- *“brainstorming reasons why teen should avoid sex, went well”*
- *“discussing what their values were and why”*
- *“youth enjoyed being able to discuss money and knew difference between needs and wants”*

Forty-six instances of success with specific activities or worksheets are also noted. Some of these include signature sheet, budget activity, interviews, myths and truths, doubts/doubt busters, and risk continuum. Forty-two facilitators also reported youth were interested in the topic or discussed what youth learned. Some topics included communication, healthy relationships, and importance of condoms.

Thirty-six instances indicate *role plays* working well or students enjoying the *role plays* were also noted. Interestingly, there are 12 instances in which the *role plays* are noted as challenging. Perhaps how the youth respond or their comfort level with the activity determines whether the role playing is successful or challenging.

Twenty-five noted successful participation or positive group dynamics.

The following topics were identified as successes on less than ten occasions:

- Budgeting
- Using examples or having youth come up with examples
- Letting the students do the reading
- And the timeframe of the session

For most of the sessions, no challenges were reported by the facilitator (there were 833 opportunities to provide responses and only 81 responses indicating challenges were offered.)

Of the challenges reported, problems with content or student lack of interest were two identified themes. Several noted the content was “too elementary” or “too juvenile” such as yellow and red alerts. Role plays were another subject that many participants referred to as “too elementary”. Problems with *role plays* were categorized separately in the analysis and 12 instances of challenges with *role plays* were noted. Some reported that the youth did not like participating in *role plays*; others thought the *role plays* need to be updated.

Several responses included concerns about the applicability of the *career sections*.

Seventeen responses focused on challenges with youth behaviors including youth being distracted, poorly behaved, too talkative, or the sessions lasting too long. For example, “youth were not very focused,” “doing two sessions at a time is long for most and they lose their attention,” and “group was very talkative”. Some additional challenges reported less than ten times include:

- Youth difficulties with refusals or delay tactics
- Issues related to small group setting such as *role plays* and the signature sheet
- Topics being emotional or uncomfortable for the youth with most of these comments relating to youth trauma or history
- Issues with youth wanting to have children and not wanting to use condoms or wanting children
- And, problems with playing videos or other technical difficulties

WHAT YOUTH LEARNED

“To prevent HIV and pregnancy; ways to turn down situations; way to build my credit.”

“How to budget money, build healthy relationships; other ways to prevent pregnancy/STDs.”

“The seriousness of STD and HIV, how to avoid unplanned pregnancy, how to stay healthy.”

“Some STIs are incurable, unprotected sex can cause infections or pregnancy, life is expensive.”

“You can easily catch a deadly disease, can get a girl pregnant, and ruin your life”

“You can get HIV by: blood to blood, mom to child, needles, sex.”

“Abstinence is the only 100% way to prevent STD/pregnancy.”

“Be financially fit before you have a kid.”

“How to budget money; build healthy relationships; other ways to prevent pregnancy/STDs.”

WHAT YOUTH LIKED

“Learning new and effective skills.”

“Taught me a lot I didn’t know.”

“Everything I needed/wanted to learn.”

“I liked how you can be open in this group and not feel wrong.”

“That I could be myself and express my feelings.”

“I liked that we could ask questions about whatever we wanted and not feel afraid”

“Being able to feel safe with sex and to go get tested.”

“Protecting myself from getting all type of disease”

Youths’ perceptions

From May 2016 to March 2017, 312 youth responded to the PREP exit or posttest survey, which includes five open response questions. The analysis focused on identification of themes within the responses. Youth provided feedback on positive features of this program as well as offering some areas of improvement.

Primary findings:

- Based on the youths’ written responses, their knowledge of a variety of topics on sexual health, pregnancy prevention, and adulthood topics has increased via their participation in PREP. They report learning about protection against STIs via condom use. Many youth were able to provide details regarding what they learned as well as the importance of the program.
 - Youth are generally satisfied with PREP as the majority note there is nothing they would change and nothing they wanted to learn but did not.
 - Most youth-290 (93%) indicate they learned at least one important point from PREP. Though asked to indicate three points they learned, 192 youth (62%) provided three or more important points they learned from PREP.
- The most frequently identified point they report learning is about condoms or protection with 172 youth (59%) noting they learned about this topic. Many youth stated, “wear a condom” or “use condoms.” Others offered more details about protection and condom use. The responses reveal actual skills youth learned regarding condom use. Additionally, the responses suggest youth understand that condom use is important and why.
 - Nearly half noted they learned about STI prevention or “diseases”. This does not include HIV or AIDS, with 57 youth (20%) indicating they learned about HIV or AIDS. Youth reported a range of knowledge about STIs and HIV; youth reported

which STIs they learned about, the importance of getting tested, ways HIV is contracted, ways to prevent diseases, and the consequences of unsafe sex.

- Another topic many youth, (30% of those who responded) reported learning about is abstinence and delaying sex, including specific delay tactics). Some responses highlighted the benefits of abstinence and how to use delay tactics, while others responses were more general in nature.
- Nearly a third (32%) of youth reported learning about budgeting, responsibility, or the importance of financial stability. Many youth discussed saving money, financial planning, and the importance of budgeting.
- Nearly a quarter reported learning relationship skills including identifying healthy, unhealthy, and abusive relationships. Also included in this category were answers related to monogamy or choosing the right partner.
- Forty-four youth (15%) reported pregnancy prevention or waiting to have children and 14% (42 youth) discussed birth control in their answer. Youth discussed types of birth control, effectiveness of birth control methods, and correct and incorrect use. Forty-one youth (14%) referred to safe sex or the risks of having sex.
- In response to what they wanted to learn in the program but did not, the most frequent response (51%) was either nothing or they learned everything they needed to know. This is likely an indication that these youth found the program comprehensive. All other categories in this section included responses from less than 10% of youth who responded.

What would make the program better

The most common response (73% of those who responded) regarding what would make the program better was “nothing”. Several youth stated *“no this program is great”*. These responses indicate that most youth were generally satisfied with this program.

What youth like most about this program

Two-hundred and eighty-five youth responded to this question. Many reported more than one favorite thing about the program, which is perhaps indicative of a positive experience with the programming. Sixty-nine youth (24%) reported they learned a lot, found the program informative, or responded “everything.” Forty-two youth (15%) reported learning about STIs or HIV; some youth reported prevention methods or getting tested.

Thirty-six youth (13%) reported some sort of social benefits including socializing with peers, enjoying group discussions, and feeling comfortable sharing with the group. The following youth responses illustrate the importance of the class environment in aiding their learning.

“I liked how you can be open in this group and not feel wrong.”

“That I could be myself and express my feelings”

“I liked that we could ask questions about whatever we wanted and not feel afraid”

What the youth liked least

The dominant theme in response to what they liked least was essentially positive in that nearly 40% of the 277 youth who responded reported “nothing,” “everything was good,” or “I don’t know.” This indicates over one third of youth enjoyed all aspects of the PREP program.

Thirty youth (11%) reported the program was too long or boring. Some of these responses specifically comment about sitting for too long or the sessions lasting too long.

“Sitting for 2 hours.”

“Need longer breaks people all over each other.”

“Length of each group when no food.”

These responses indicate some youth might benefit from shorter sessions, more breaks, or more interactive activities.

The responses to all of these questions indicate the majority of youth participants were satisfied with this program. Many youth were able to provide details regarding what they learned and the importance of the content. Youth provided feedback on positive features of this program as well as offering some areas of improvement.

In addition to these data, 2016-2017 students report they were able to ask questions most or all of the time (87%), the activities generally helped them learn most or all of the time (90%), and the presented material was clear (86%) (Figure1). Eighty percent of youth report they were interested in the program most or all of the time.

Participants generally reported that they had a chance to ask questions about program topics and issues.

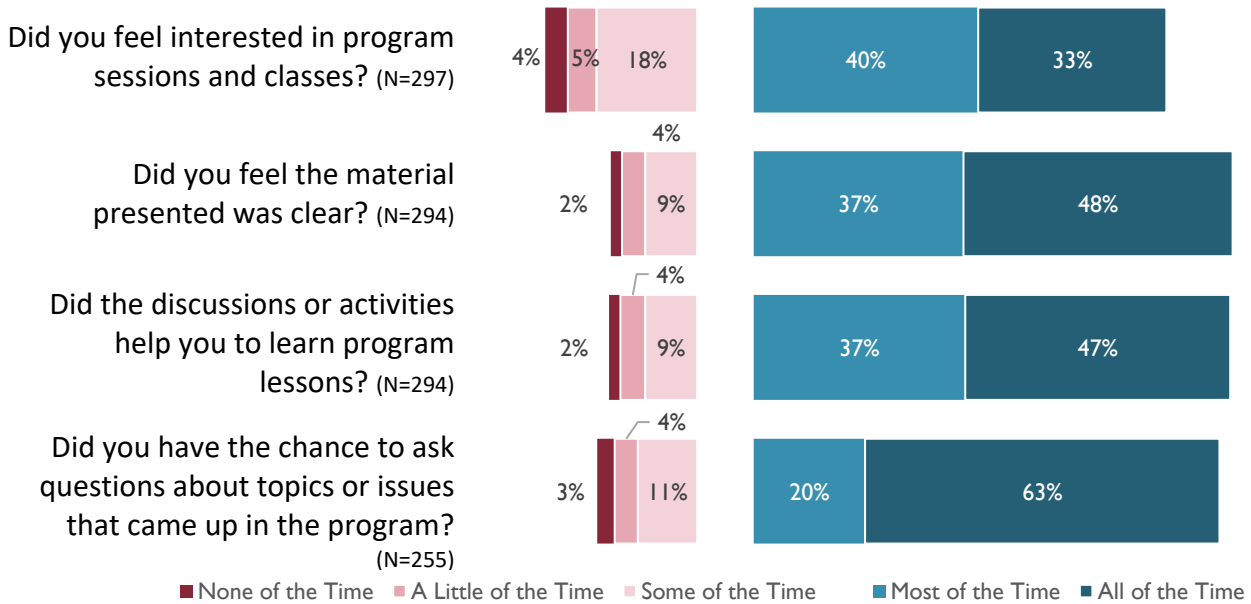


Figure 1. Youth Evaluation of PREP

The majority of youth report no bullying or teasing in the PREP program and almost all students report they felt respected as a person at least most of the time.

87% of youth reported that they felt respected all or most of the time.

Most participants felt that they were not picked on or bullied during the program.

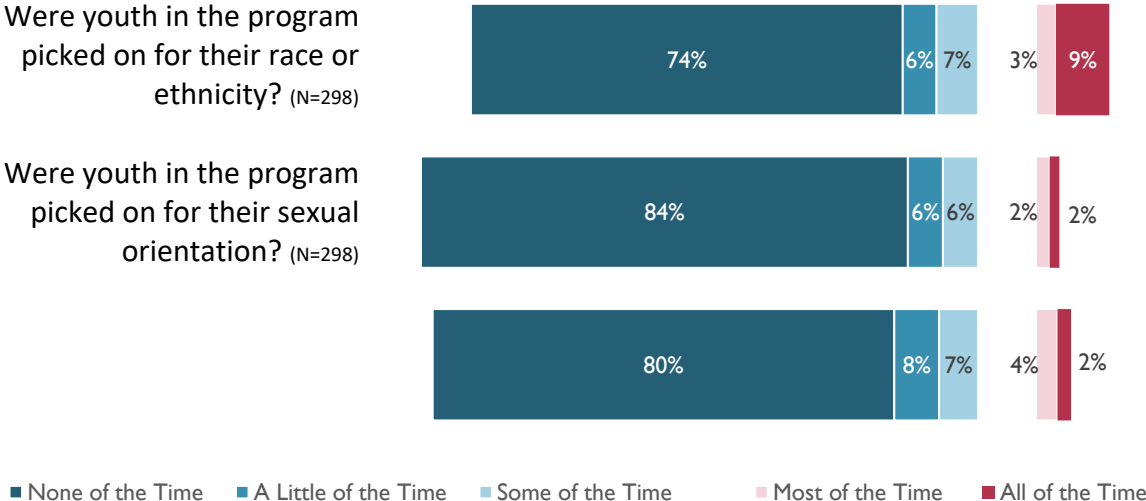


Figure 2. Youth Perceptions of Bullying and Teasing

Focus Groups

Two focus groups were conducted with PREP facilitators in June 2017. One discussion was held in Northern Ohio, which eight facilitators attended and one was held in Southern Ohio, which four facilitators attended. The facilitators represent a variety of agency types including youth detention facilities, adult and child protective services, children services, and juvenile court. Experience levels ranged from implementing PREP for five months to five years. A summary of the focus groups is included in Appendix A.

Findings from Focus Groups:

- Facilitators in both focus groups have very positive perceptions of the potential impact of PREP on youth learning. They emphasize that many youth do not have enough sexual health or pregnancy prevention knowledge and that youth often have inaccurate information.
- Funding to provide the program is an on-going concern. While directors and supervisors within agencies/organizations see the value in PREP, the facilitators felt the funding support is essential to keeping it alive in agencies. They express concern that if PREP is not funded, these youth will not receive this sex education elsewhere.
- There is variation among the PREP facilitators in regards to perceptions about how PREP should be implemented, including the length of time over which it can be implemented, regarding awareness and use of available resources discussed at Statewide meetings (such as program materials in a Prezi), and lastly how much the program can or should be modified.
- PREP facilitators reveal they would prefer additional training and practice, prior to implementing the curriculum.
- Facilitators are pleased by the changing group dynamics throughout the implementation of the program. The youth typically do not say much in first classes but as time goes on they talk more and ask more questions. The environment evolves into a safe place to ask questions and receive information.

Abstinence

Increase in Intention to Abstain or Decrease in Intention to Have Sex

Results were mixed in terms of the impact youth reported on their intentions to abstain from or engage in sexual intercourse. Thirty-seven percent of youth reported they are somewhat or much more likely to abstain from sexual intercourse after participating in the PREP program. A slightly higher percentage (40%) of PREP youth reported that they are somewhat more or much more likely to have sex in the next six months as a result of the program.

37% of PREP youth reported they were more likely to abstain from sexual intercourse after participating in PREP.

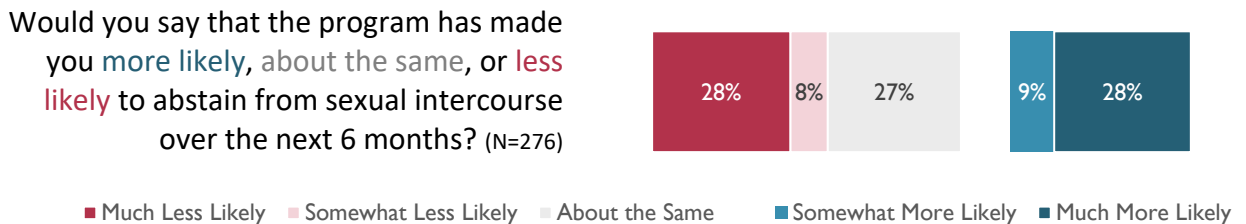


Figure 3. Likelihood of Abstinence after PREP

40% of PREP youth reported they were more likely to have sexual intercourse after participating in PREP.

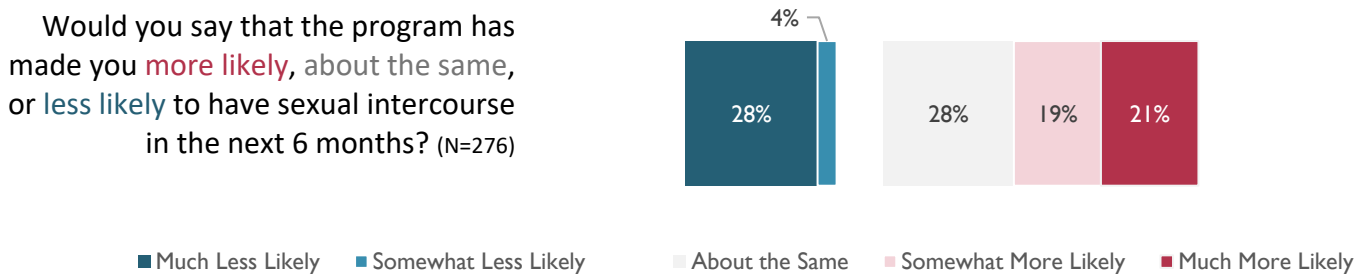


Figure 4. Likelihood of Sex in Next Six Months

When looking separately at youth who report having had sex and youth who report never having sex:

- A higher percentage of youth who have abstained to date report an increased likelihood that they will continue to abstain (55%), compared to youth who have already had sex (35%).
- A higher percentage of youth who have already had sexual intercourse (43%) report an increased likelihood of sexual intercourse, compared to youth who have not had sexual intercourse (28%)

Category	% reporting an increased likelihood to abstain	% reporting an increased likelihood to have sexual intercourse
Youth who have had sexual intercourse	35% (N=185)	43% (N=178)
Youth who have <u>not</u> had sexual intercourse	55% (N=44)	28% (N=43)

Percentages of PREP Youth who are sure that they can keep from having sex under specific circumstances generally increased from **pre-** to **post-**test.

However, the percentage of youth who are sure they could keep from having sex if they just met someone they really liked decreased slightly.

If you were going to have sex, could you keep from having sex if neither you nor your partner had any form of birth control? (N=255)



How sure are you that you could keep from having sex if your partner really wanted to, but you weren't ready? (N=255)



How sure are you that you could keep from having sex if you had strong sexual feelings for someone? (N=255)



How sure are you that you could keep from having sex if you just met someone that you really liked and that person wanted to have sex and you didn't? (N=255)



Figure 5. Sexual Self-Efficacy Pre to Post

Entry and exit surveys also indicate little change in some PREP youths' motivation for abstinence including youth not ready to have sex, parent or other adult disapproval, no interest in sex or lack of knowledge to find birth control or STD protection.

The figure below shows the results of pre- and post-tests in which youth were asked which reasons they would give for not having intercourse.

The most frequently reported reason for not having intercourse is fear of STDs and HIV. The largest gain from **pre-** to **post-test** was in the percentage of youth reporting that they are not ready to have sex.

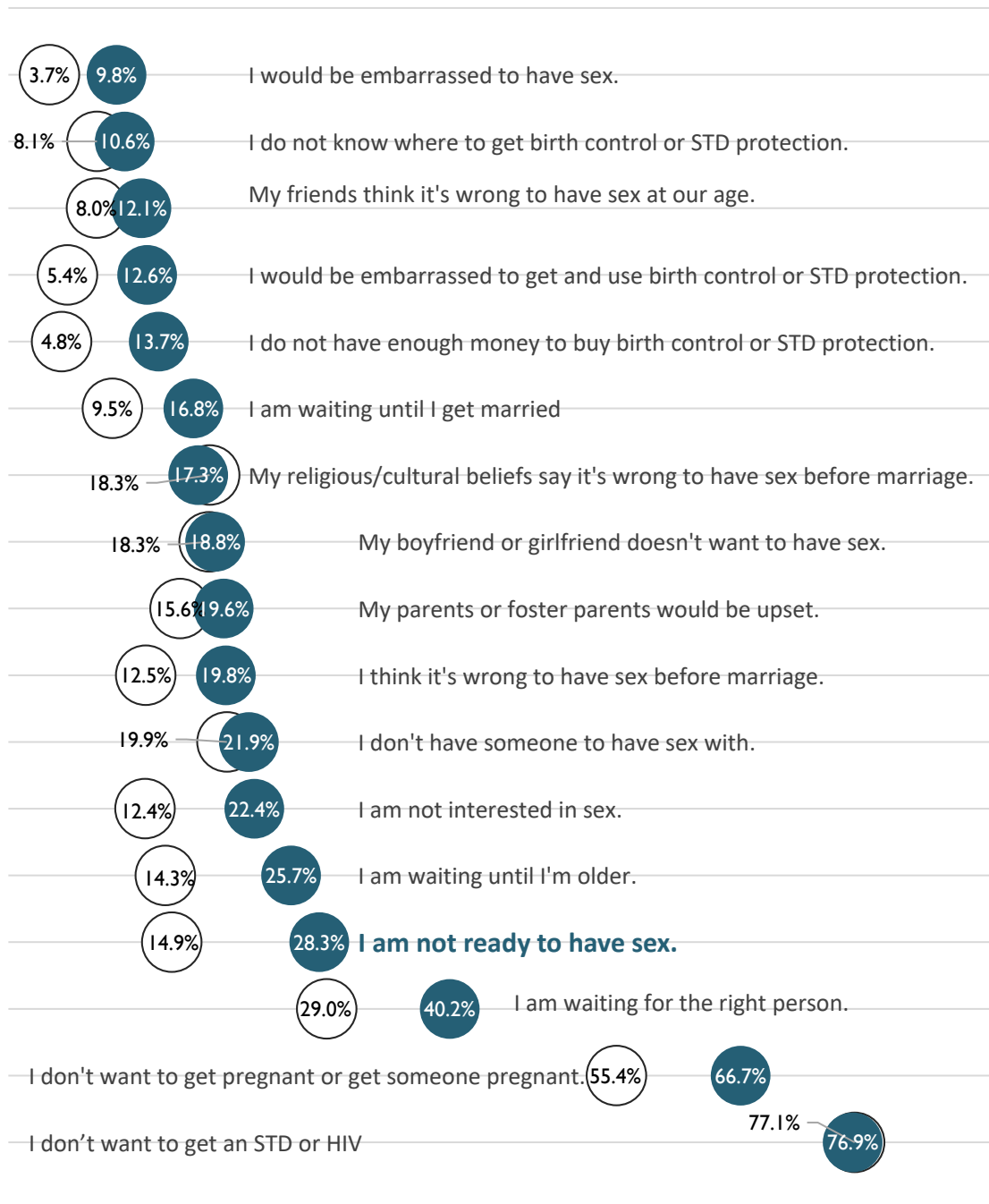


Figure 6. Youth Reasons for Not Having Sex

Increase in Intention to Use Contraception/Condoms in Sexual Activity

Protection from STIs and pregnancy

On entry, 48% of youth report they did not use birth control (defined as birth control pills, condoms, the shot, the patch, the ring, IUD, or implant) when having sex over the prior three months (n=278). Among those youth who completed both pre and post surveys, and reported that they did not use birth control (N=70), 67% reported an increased likelihood of using birth control or abstaining in the next six months.

Protection from STIs and Pregnancy Prevention

Knowledge of effective pregnancy and STI prevention methods generally increased from **pre-** to **post-test**.

Fewer youth believed that douching and withdrawal could prevent STIs and pregnancy by the end of the program.

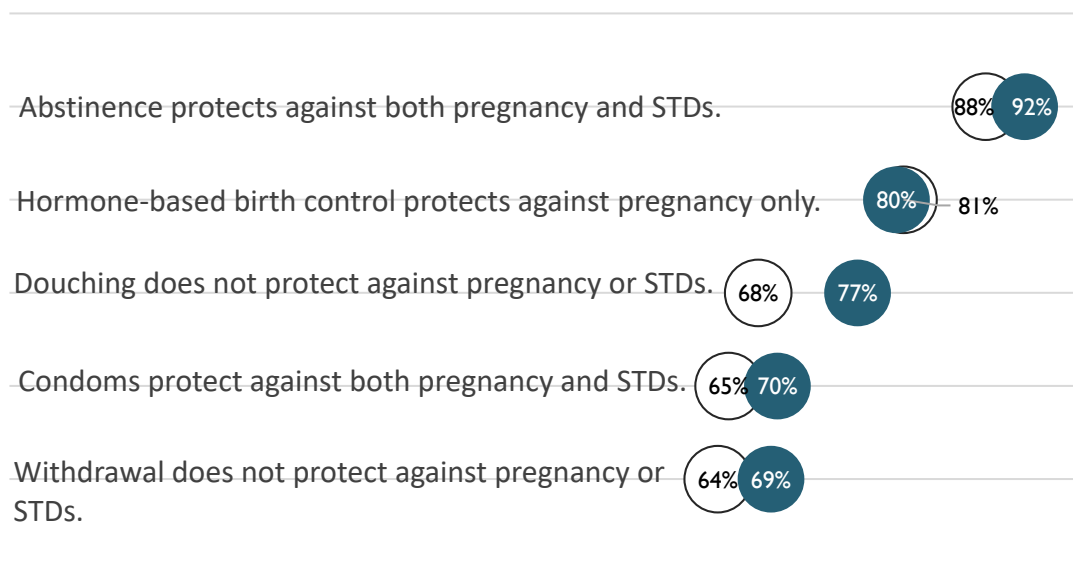


Figure 7. Knowledge of Pregnancy and STI Prevention

Youth demonstrated an increased ability to identify True- False statements about pregnancy and STI prevention. The area in which there was the most knowledge gain was health clinic’s policies regarding parental permission for testing and treating people under 18 for an STI. However, because this is a compound statement it is unclear what the actual learning is.

A higher percentage of youth were able to correctly identify statements about pregnancy and STD prevention as true or false.

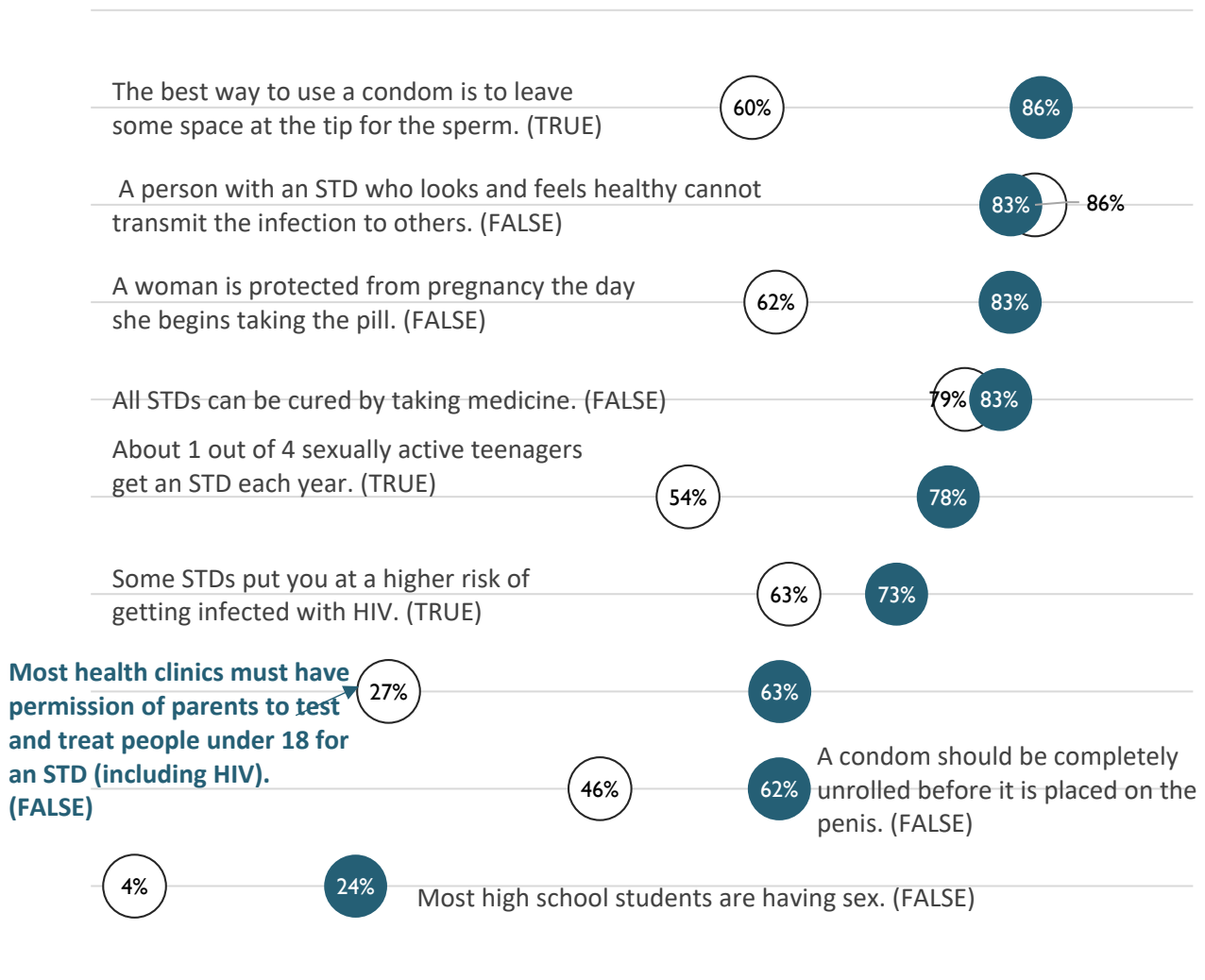


Figure 8. Additional Knowledge of Pregnancy and STI Prevention and Testing

While youth generally indicated that they would be more willing to acquire and use condoms, less than half of youth were sure that they could keep from having sex if they did not have any form of birth control.

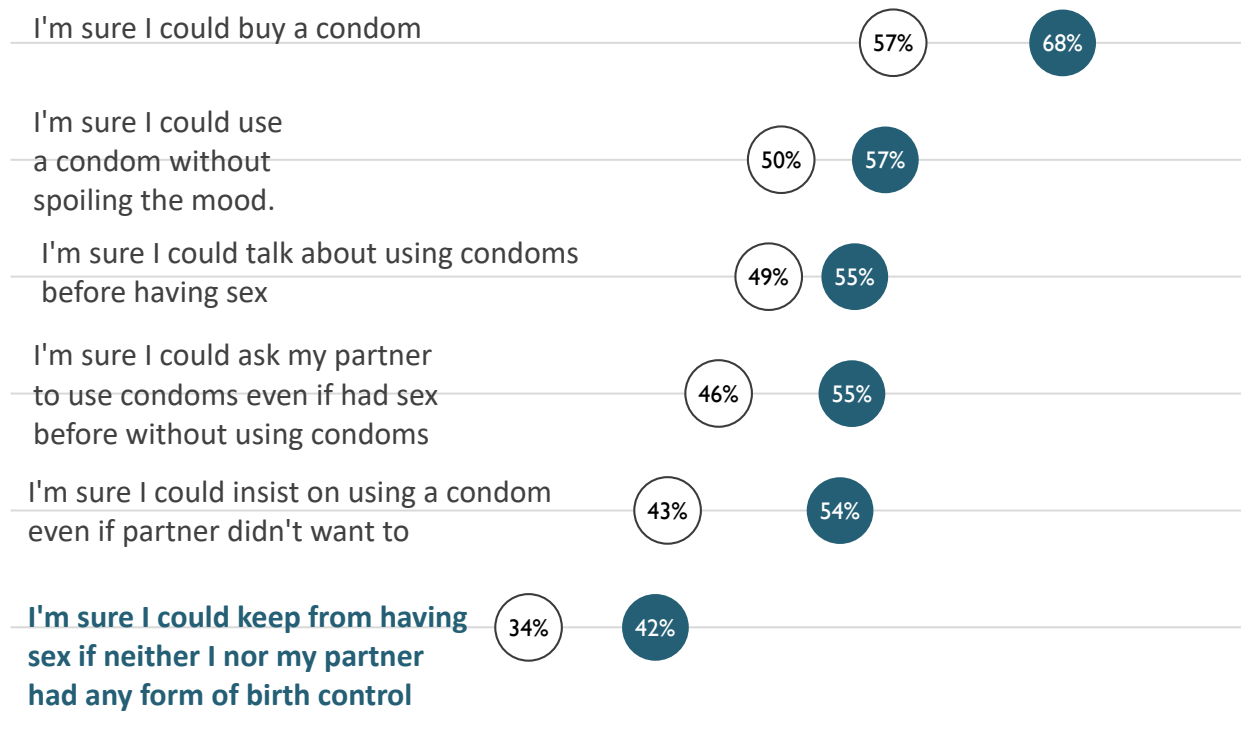


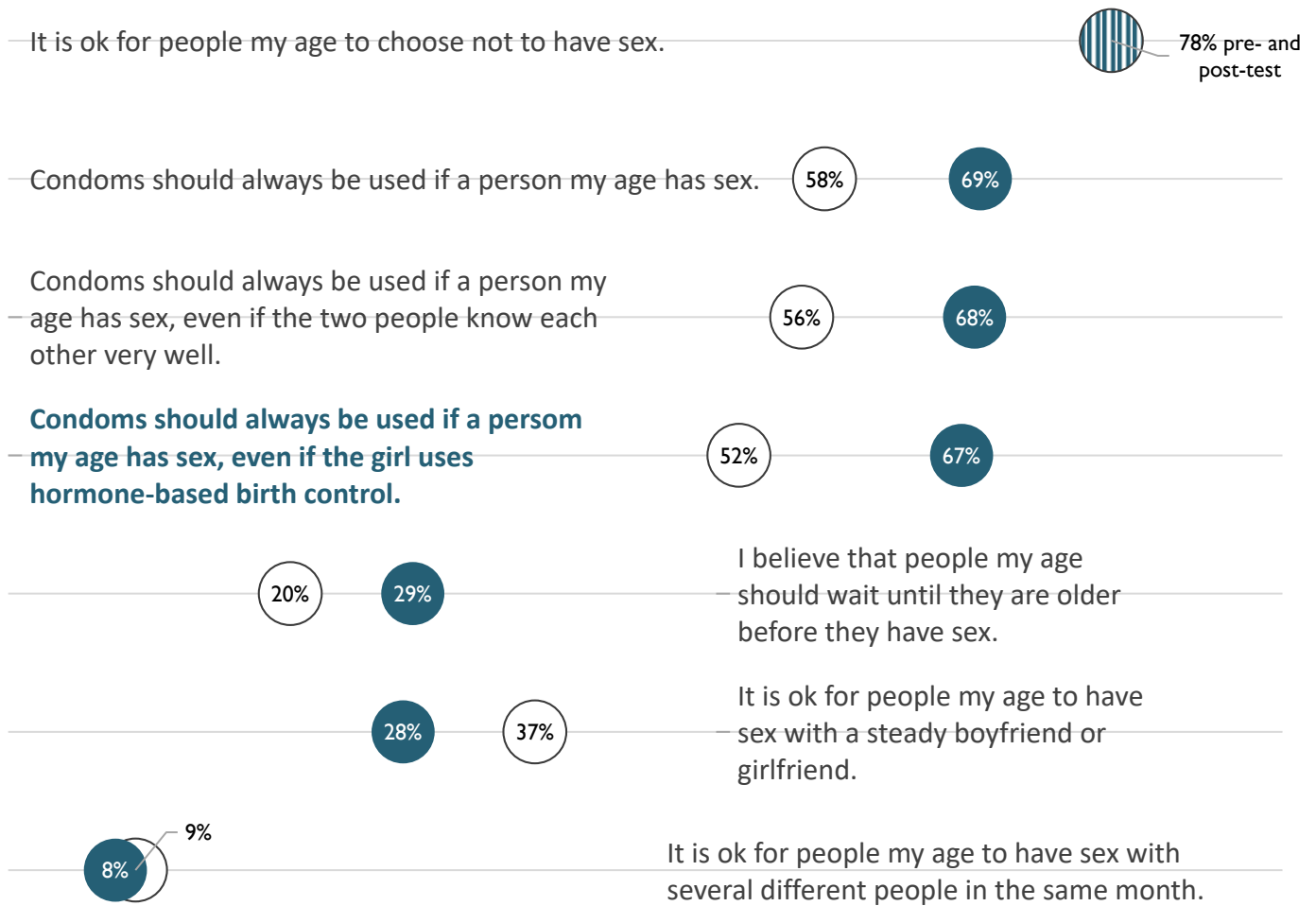
Figure 9. Youth Indications of Acquiring and Using Condoms

In addition to being asked about the likelihood of their future condom use under certain conditions, youth were asked about their feelings and opinions on condom use more generally. On entry, a large percentage of youth already report condoms probably or definitely should be used during sex (even if people know each other well and/or hormone-based birth control is being used), and these percentages increase over the first half of the program. When asked about potentially negative aspects of condom use (embarrassment, hassle, etc.) fewer youth report that these aspects of condom use are probably or definitely a problem for them.

Increase in Knowledge about Pregnancy and STIs, Including HIV

Comparison of entry and exit data shows beliefs and knowledge about specific pregnancy and STI prevention methods changed, especially knowledge about the efficacy of latex condoms.

The biggest change from pre- to post-test was in the area of using condoms even when hormone-based birth control is being used.



% youth indicating “definitely yes” when asked whether they believed the statement.

Figure 10. Youth Beliefs about Using Condoms.

Youth were also asked whether they talked about various sexual health-related topics with the adults with whom they live. On exit, youth report an increase in how much they have discussed pregnancy, protection from STIs, condoms, and abstinence.

On the **Exit Survey**, an increased percentage of youth reported talking about these topics with the adults with whom they live. The most frequently discussed issue is condoms.

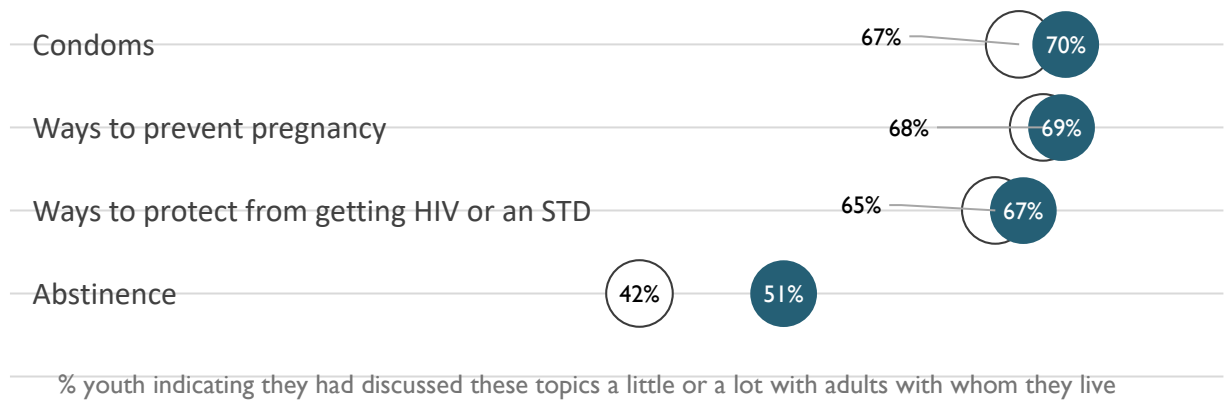


Figure 11. Youth Discussing Sexual Health Issues with Adults.

Healthy Relationships

In addition to information about safe sex, pregnancy prevention, and the benefits of abstinence, the PREP curriculum includes modules that address many adulthood topics such as healthy relationships, career-building, and financial literacy. Career building and financial literacy data are still being analyzed. Below, youth knowledge of relationship behaviors is presented.

On Entry and Exit Surveys, youth correctly identified many healthy and unhealthy relationship behaviors.

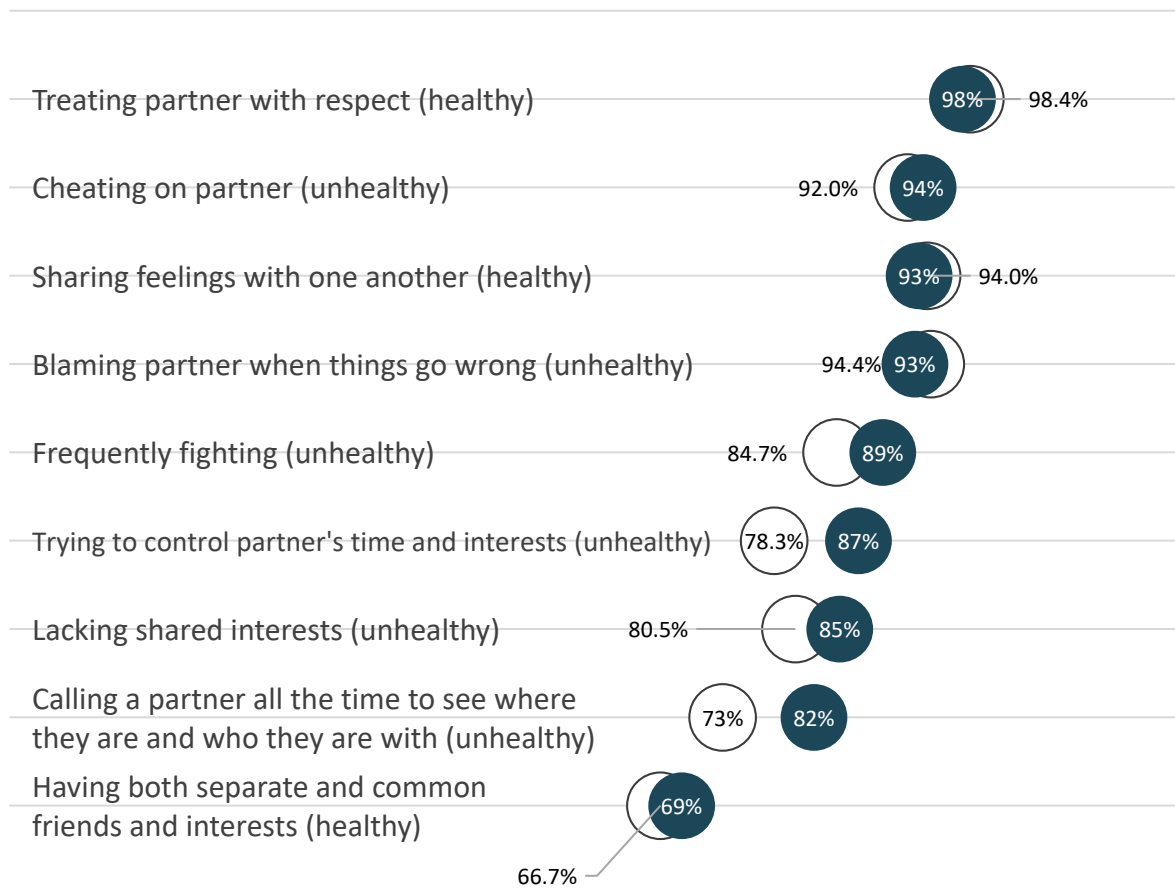


Figure 12. Youth Knowledge of Healthy and Unhealthy Relationship Behaviors.

Conclusion

The quantitative and qualitative data show the program is affecting knowledge of STI and pregnancy prevention and there is general change in youths' beliefs regarding condom usage. Further, the program appears to be positively affecting the intentions of youth related to the likelihood of using birth control or abstaining from sex in the months following the program.

ODH staff, DYS staff, facilitators, and youth participants report positively about the program and note benefits for youth and agency staff because of PREP. The youth, not only like the program, and like report positively about it, the quantitative analyses of matched pre and post data indicates they are also learning.

Facilitator opinions about ease of implementation, preparedness to implement, and external support are mixed and indicate the need for shoring up the statewide PREP network with regard to more standardized training and on-going supports.

Ohio University will continue to evaluate the implementation of this intervention, as well as achievement of short-term outcomes. A full report will be provided in the fall of 2017. The evaluators are also exploring a more in-depth analysis of the available matched data as well as a Social Return on Investment⁴ analysis.

Recommendations:

Sites implementing PREP should continue to focus on consistency with developing and assigning student and facilitator ID numbers. Accurate and complete data collection and hence linking data across sources remains a challenge. Improvements will provide a larger sample size and allow for more rigorous analysis of program data.

There is continued concern about the wide variation in program duration, as some youth are receiving the programming well over a 30-day period. It is recommended ODH explore improving the program implementation in regards to the spacing of program sessions.

While the train-the-trainer model allows for greater reach of the program, it is imperative that those implementing PREP receive the support and information they need from Regional Coordinators. Written guidelines for Regional Coordinators are suggested.

⁴ <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-015-1935-7>

The facilitator training piece also needs examined so that the facilitators feel well prepared and supported to deliver this curriculum. This would include refresher training. I think one of the issues is the infrequency for delivering the training. I don't know how often a facilitator provides the training but it seems that it may be only one time a year and there needs to be a way to have a booster before this implementation.

Role plays were the subject of many facilitator comments in the focus groups and logs. The response to them is mixed and requires further examination.

Appendix A: Focus Groups Summary

Facilitator Background & Context

Two focus groups were conducted with PREP facilitators in June 2017. One discussion was held in Northern Ohio, which eight facilitators attended and one was held in Southern Ohio, which four facilitators attended. The facilitators represent a variety of agency types including youth detention facilities, adult and child protective services, children services, and juvenile court. Experience levels ranged from implementing PREP for five months to five years.

Age Appropriateness of PREP

When introducing themselves, facilitators talked about their agencies serving children in a wide age range and PREP being designed for youth age 14 and above. Overall, the facilitators have had to make some decisions about children being included in PREP as evidenced by some of these comments:

“We do house children from ages 10-18, and of course prep is designed for 14 and over so of course they have to participate in the program. We have used younger kids that cannot be used for the data, but we do have some kids that are sexually active at 12-13 and we do have them sit in.”

“We don’t have all of them do it because we do have some that are 13 and are emotionally much younger.”

“We house the same age group except we go from 10-20. Since the law has changed we now have to house 20 year olds with 10 year olds, which is not a good thing. We have a step up program in the community so everybody who is 14 or above participates in PREP. It is a requirement of our program.”

Facilitator Understanding/Perspectives about PREP

PREP Aims and Benefits

When asked about the major benefits of PREP, the facilitators were positive and spoke about the program teaching about healthy relationships, personal and financial responsibility, communication, refusal skills, and sexual education. One facilitator felt youth enjoy the financial sections the most while another said youth like the refusal skills section, knowing they can say no to certain things.

Several of the facilitators mentioned the program is an opportunity to not only educate but to reeducate youth as they come in to the program with a lot of information about sex, STIs, gender identity issues, and the information they come in with is not always accurate. The program also provides a safe place for youth to ask questions and *“talk about things.”* One facilitator noted, *“They come in with a lot of knowledge that is more street as opposed to I guess factual.”* Another said, *“I agree with that because a lot of our kids came in and said one thing and we were able to tell them no this is the actual truth.”*

A few facilitators said they like the easy to understand, straightforward, and factual approach of the curriculum. Facilitators touched on not only correcting misinformation but also teaching new things that youth missed in school or that are not necessarily covered in school or in their families. One facilitator said, *“...it is really eye opening because you know if you grow up a certain way you just assume something. You know it’s the things these youth don’t know that they do now. When you say things you have to really facilitate in their language, because if they don’t understand what you’re speaking of until you break*

that wall.” Another facilitator commented, “Although we are using terminology, that you call it what it is, you don’t make up certain names for your body. This is what we are gonna talk about it’s straight forward, after a few giggles and we have to shut some kids down on some of the things that they say, this is not going to be tolerated in this class. We are here to talk about adult things. You are transitioning into being an adult, it’s a personal responsibility education program, so personal responsibility starts before you walk through the door.” The following quotes describe some different experiences with PREP:

“Yeah like they didn’t really know about the STIs and the big thing they didn’t know about was contraception. When we started discussing the theories that they can use, they were just in awe.”

“A lot of these kids haven’t discussed what a healthy relationship is, or what the components of a healthy relationship are. When you started discussing that with them on like a family basis I think they take a deeper look into what it is and they understand it. Especially the boys because I have a high percentage of boys that are in my program and they take very little responsibility...There is a lot of interesting discussion.”

“One thing that I have found too is, watching the dynamics change in the group from day one to the end. Day one they were trying to be the Alfa’s or whatever and do that, but then as it progresses they all are actually talking, just watching that change by the time they finish they are having healthy conversations with each other. I don’t know what happens when they go back to their cliques and hoods, but it is nice to see that. They are taking what they are learning and actually doing it.”

“...this year we had boys and girls. What I really like about that is when they were being honest, for instance in the pregnancy piece where it says if you found out today you were pregnant what is the first thing you would have to do? One of the boys said I would get drunk get a u-haul and get out of town and some of the boys laughed and I just looked at the girls and said girls you are hearing what boys are saying and what they are going to do, so if you are sitting here thinking we are going to be a family, well majority of boys are saying they are going to leave. It was very eye opening for our girls to hear what boys are going to do... At first some boys laughed then they kind of turned on the one boy who said it.”

Views on Training

When one facilitator spoke about the initial PREP facilitator training, they described different experiences depending on where a person is employed. This facilitator attended a two-day training that included a day of content and how to teach each session, and a day of curriculum changes that have taken place and then pairing up and teaching each section in fifteen minutes to your partner. Some attended only the second day of the training as a refresher. The trainers observed and provided feedback on the second day. Following this experience, the facilitator is observed in a real-life setting while teaching adolescents to receive further feedback and this may include all of their sessions, “...so like 16 sessions.” Other facilitators talked about having received an initial one-day of training.

Regardless of whether one or two days of initial training was received, few facilitators felt prepared to implement PREP and mentioned there is a lot of program

content in the curriculum. One facilitator said, *“I think it seems rushed. Especially the first time around when we have no clue what the curriculum is and we try and include everything in one day and how we are going to go back and do this and that. It was difficult to do in one day.”* The training introduces facilitators to the program content but you just have to go ahead and present it to the teenagers. One facilitator was nervous to present to teenagers while another said, *“...I don’t want to go into this halfhearted. I want to be prepared...”*

One facilitator said the initial training included PowerPoints and a binder that was switched around with different page numbers on each page, which is confusing. The facilitator said at a meeting Prezi was discussed and viewed, *“...but we just haven’t gotten a chance to use it, but I have seen it and it looks really good.”* Some facilitators had never heard of Prezi and lacked awareness of what it is. A few facilitators suggested there should be on-going training and support that is low cost. Below are some quotes to show some different experiences:

“We did a refresher in January...It just went over the new curriculum, and I will say I do like the flow of it. We just finished up last week so it is all fresh for us. I do like this flow better because prior to this curriculum coming in it was you did your healthy relationships and abstinence and pregnancy prevention then you jumped into like the financial and money management and things like that then you jumped back to STI’s HIV’s and it went back and forth and it was confusing.”

“...I have been through so many manualized curriculum over the years and...you can do it in a day but I think with all of the technology today they could modernize it to where you have on-going training that is via the internet. I mean I can’t afford to keep sending my staff to training seminars. I mean I’ve cut back this year.”

Effectiveness of Content

When asked about their opinions on the effectiveness of the content, one facilitator noted the curriculum builds and a youth needs to *“know yesterday’s lesson to understand today’s”* and if they just joined a group today they have no idea what is going on. Many youth attend only a portion of the sessions. Another facilitator who has some youth readmitted to their agency and thus repeat the PREP program said, *“They have the knowledge but sometimes they don’t use it when they are out, but when they come back and they are doing class again they know all of the answers. They know it backwards and forwards, but do they live it? No.”*

“With the kids in the past that have taken the classes it seems that they get a lot of it. Some of our children come back so when they do they seem to understand the knowledge and all the information we are giving them and they are answering the questions correctly. That is the only way I know we are effectively getting it.”

Implementation

Each organization implements PREP in a timeframe and manner that best fits with their own program model. One facilitator described their residential program implementing PREP each year in a two-week period immediately following the end of the school year. A few facilitators said it is too difficult to implement after the school day and would take months to fit the modules in during the school year as youth have appointments after school. Many of the youth would not receive the entire PREP program because they would have transitioned out of the agency. Another described daily implementation for about two weeks in an after school program, however, they noted they may need to add some hours

during the weekend in order to fully complete the program. Another facilitator implements over a 3-5 month period. One facilitator said the short lengths of stay in detention, less than 20 days, was an issue for having youth receive the entire curriculum. *“Kids are just coming and going...”* This facilitator also noted that the curriculum builds and so if a youth was not in class yesterday they have no idea what is going on in class today.

Other implementation issues included English as a second language, less with verbal communication and more so with reading and writing, and to some extent placing youth in the appropriate groups. This facilitator said it is sometimes behavior related and sometimes rival gang members, and *“usually when we put them in the same group it goes fine.”*

One facilitator said they developed a separate program in addition to PREP that involves youth teaching their parents what they have learned. *“It is very helpful and has been quite successful.”*

Supports

When asked who supports their implementation of PREP, facilitator responses were separated into support within and external to their agency. Half the facilitators said they felt supported by supervisors, directors, and others in their agencies. A couple of the facilitators receive an advance call or email from a regional person to make sure they have the dates for PREP on their calendar. One facilitator said internally they felt supported but not regionally. *“We went to the training and they said the fidelity check list that you have check and then send back, they had a bunch of errors. They said they would send us revised copies and they never did. My supervisor reached out to them this morning and got a pretty nasty response basically saying, because we started session one on Tuesday they said that those don’t count. We have to start all over again next week so these kids are going to have to do this again.”*

“I work with the qualified mental health specialists and we all work together and it is really helpful and we all support each other with it.” “I think we are supported by our section 5 like when we call them and tell them the dates we are going to do it they find the time to do it. I mean she had a group set for the same time and she was going to flex it where she could be at both and no matter what she was going to try and be there for us.”

Suggestions

Recommended Program Modifications

Two facilitators, talked about the financial section of the program. One felt the section needed, *“to be more modern”*, and provide more emphasis on e-banking and computing overtime pay, and deemphasize check writing, interest, and compound interest. Another suggested the role plays need more realistic language, and the manual could be updated to include uniform page numbers and a full section on the LGBTQ community. One facilitator felt the curriculum was “strict” and would like to add things to it and provided the following,

“There has been a few things that we have found that we thought would be good activities to involve the kids in and we can’t bring it into it because it isn’t part of your curriculum. We would have to wait to use it with our own independent living skill program after prep. Sometimes we just have to get our kids motivated and moving and there is a section where

there is just a lot of talking and we have lost them, so if we find something that is fun and can get them up we can still involve the same information.”

One facilitator suggested the addition of parent involvement that could also be taught to foster parents, *“I think a piece we need to add is like a session for the parents, and not to point a finger but just give them information. Like if their parents never got the information then the kids never will either. Just tips on how they can talk to their kids about it at home.”*

Additional Supports

In addition to some of the curriculum and training modifications noted in the above section and training section, when asked about needed supports, one facilitator would like current statistics, and two facilitators said program funding is a concern.

“Funding. It is always the funding concern, and that it is going to drop off because it has over the years.”

Most Important Thing about PREP

When asked what the most important thing they would like others to know about PREP, the facilitators felt that PREP is a good program that provides accurate information. One participant said, *“...it gives us the opportunity to give good information to our kids because it isn't information that their parents are going to share with them.”* Another participant also spoke about PREP filling a void, *“I know if I didn't have it that it would over time drift off the table because it is an area that everyone always assume that is covered. The kids I see don't now go to school so they aren't in health class and that stuff is not covered with them.”* A few added that the emphasis is on personal responsibility and not judging anyone. The following comments relate to that sentiment.

“I like the inclusion of more of the LGBTQ in the curriculum and the open discussion about that. If you have kids in your group who are questioning, it lets them know that we do care about their future. We are putting everything out there to include everyone.”

“I just wanted to say I like that we have this program because it's not preaching it's a learning program. We just giving them the knowledge and not telling them that they have to do this.”

Appendix B: Analysis Methods

Quantitative Analysis

Members of the evaluation team summarized student entry and exit surveys as well as attendance and fidelity records ODH submits as semi-annual performance measures reports and an annual program report. Those data reports include all viable records for the 2014-2015, 2015-2016 and soon the 2016-2017 program years. Once Ohio's PREP staff enter raw participant and trainer data into the electronic scanning system (Remark OMR) and text entries are recorded digitally, ODH staff send PREP program data to the Voinovich School for preprocessing and data entry into semi-annual and annual federal performance measures reports.

Voinovich staff ensure unique identifiers are applied to participant records, removing records with duplicate IDs. Voinovich staff also identify any values outside the potential range (i.e., dates prior to or past the course period or values outside of the established survey scale). Data included in this report represent only matched records for participants who completed entry surveys and exit surveys. Because the population served by PREP programming is inherently fluid, approximately 50% of students participate in the majority of PREP sessions and complete both entry and exit exams. Many courses are offered through residential facilities, and participants may leave the facility prior to the program completion. Similarly, participants in the foster care system may have intermittent attendance because they may require transportation to the program facility or experience other conflicting responsibilities.

Some federal questions include response options that are not exact mirrors. The entry survey may ask about past behavior (e.g., having sex in the past three months), while the exit survey may ask participants how likely they are to change that behavior after participating in the PREP program (much more likely, much less likely, etc.). As a consequence, the responses are not directly comparable. Such questions describe changes in perceptions about the impact of the program and youth intent to commit behaviors in the future. Data points presented in this report therefore focus on participant knowledge of pregnancy and STI and HIV prevention, as well as student evaluation of the PREP program and instructor quality.

Specifically, descriptive, quantitative, and qualitative analysis of data from youth entry and exit exams inform the body of the report. Data points include total participants by gender, sexual history, opinions and behaviors, past beliefs, and intended actions. Attendance and fidelity data analyses include descriptive, quantitative, and qualitative analysis, including the total number of participants completing 75% or more of PREP program hours.

Instructor training and methods evaluation data include the number of courses taught, frequency and duration of curriculum presentation, and completion of fidelity monitoring sheets.

Ultimately, the evaluation team will determine the level of significant changes within the program at the regional and state levels to the best degree possible with the data provided. Given sufficient data, those changes or lack thereof will be associated with specific factors.

Qualitative Analysis

Qualitative analysis was performed on open-ended response questions. Youth participating in PREP can respond to five open response questions on the exit exam. All responses for 2016-2017 were coded and analyzed thematically

To code the responses, frequently reported concepts were identified as themes for each question then named and defined. The responses were reviewed for basic information: the total number of participants in the post-survey and the number of participants who responded to the question. After categorizing the responses, the total number of responses in each category was summed. For question 48, in which participants were asked to list three of the most important points they learned, the percentage of youth noting the item was calculated.

The two focus groups were audio recorded, transcribed, and analyzed for themes.

Appendix C: Regions Map

Ohio Personal Responsibility Education Program Service Regions



- Region 1 Lucas County Health Department
- Regions 2 and 3 Planned Parenthood of S.W. Ohio
- Region 4 Planned Parenthood of Greater Ohio
- Region 5 Belmont, Noble and Perry County Health District/Dept.
- Region 6 Canton City Health Dept.
- Region 7 Cuyahoga County Board of Health
- Region 8 Summit County Public Health
- Region 9 Nationwide Children's Hospital

Appendix D: Fidelity Data by Session

Curricular Components by Session			
Session #	Number of sites providing required components	N	% of sites offering all required components for this session
1	43	43	100%
2	43	43	100%
3	43	43	100%
4	42	43	98%
5	40	43	93%
6	42	43	98%
7	43	43	100%
8	43	43	100%
9	42	43	98%
10	43	43	100%
11	42	43	98%
12	42	43	98%
13	37	43	86%
14	42	42	100%
15	41	42	98%
16	42	42	100%
17	41	42	98%
18	41	42	98%
19	40	43	93%

Instructor ID# _____ Date _____

Youth Residence (MARK ONLY ONE)**If you are not living at home, where do you currently live?**

- Group Home
- Foster Home
- Residential Facility
- Independent Apartment
- DYS - Community Correctional Facility
- Juvenile Detention Center
- Other

GENERAL INSTRUCTIONS

Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your answers and everything you say will be kept in private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

1. Your participation in this survey is voluntary.
2. Everything you say will be kept private and will not be shared with anyone outside of the study team.
3. The answers you give will be kept private. Your responses will be combined with those of other people your age.

PLEASE READ EACH QUESTION CAREFULLY: There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question.

- **PLEASE MARK ALL ANSWERS WITHIN THE CIRCLES PROVIDED.**
- **USE A PEN OR PENCIL**

Like this: Not like this:

Please answer the following questions to the best of your ability by completely filling the circles. The first set of questions has to do with you.

1. How old are you? MARK ONLY ONE ANSWER

- 14 15 16 17 18 19
-

2. Are you male or female?

MARK ONLY ONE ANSWER

- Male
- Female

3. Are you Hispanic or Latino MARK YES or NO

- Yes
- No  Please go to Question 5

4. Are you...? MARK ONLY ONE ANSWER

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

5. What is your race? MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian

6. Do you consider yourself to be one or more of the following? MARK ALL THAT APPLY

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else / I have not decided

7. What grade are you in? (If you are currently on vacation or in summer school, indicated the grade you will be in when you go back to school.) MARK ONLY ONE ANSWER

- | 7 th | 8 th | 9 th | 10 th | 11 th | 12 th |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-
- My school does not assign grade levels
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working toward a GED
- I have a high school diploma/GED but I am not currently enrolled in college/technical school
- I have a high school diploma/GED and I am currently enrolled in college / technical school

8. During the last 12 months, how would you describe your grades? Choose the ONE best response. MARK ONLY ONE ANSWER

- | A's | B's | Mostly C's | D's | F's |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9. In the past three months , how often would you say you...		MARK ONLY ONE ANSWER PER ROW			
		All of the Time	Most of the Time	Some of the Time	None of the Time
a.	cared about doing well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	shared ideas or talked about things that really matter with a parent/guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	resisted or said no to peer pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	managed conflict without causing more conflict?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about sexual intercourse and your risk of pregnancy and sexually transmitted diseases. Remember, all of your responses will be kept private.

10. If you have the chance, do you intend to have sexual intercourse in the next 6 months?
By sexual intercourse, we mean the act that makes babies. MARK ONLY ONE ANSWER

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

11. Have you ever had sexual intercourse?
By sexual intercourse, we mean the act that makes babies. MARK YES OR NO

- Yes
- No  PLEASE GO TO Question 17

12. To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant, even if no child was born? MARK YES OR NO


- Yes
- No

13. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant? MARK ONLY ONE ANSWER

- 0, I have never been pregnant or gotten someone pregnant
- 1 pregnancy
- 2 pregnancies
- 3 or more pregnancies

14. In the past 3 months, with how many people did you have sexual intercourse, even if only one time?

MARK ONLY ONE ANSWER

- 0, I did not have sexual intercourse in the past 3 months  PLEASE GO TO Question 17
- 1 person
- 2-3 people
- 4 or more people

MARK ONLY ONE ANSWER PER ROW		All of the Time	Most of the Time	Some of the Time	None of the Time
15.	When you had sexual intercourse in the past 3 months, how often did you or a partner use birth control? <i>By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	When you had sexual intercourse in the past 3 months, how often did you or a partner use a condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start Here from Question 11 or 14

ALL PARTICIPANTS ANSWER THESE QUESTIONS

17. In the past 3 months, how often would you say you...		MARK ONLY ONE ANSWER PER ROW			
		All of the Time	Most of the Time	Some of the Time	None of the Time
a.	knew how to manage stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	managed money carefully?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	had friendships that kept you out of trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	were respectful towards others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU KNOW

Read each question carefully and mark the answer you think is the best response.

These words are used in this survey: **having sex, STD and HIV**. For this survey:

- **Having sex** means vaginal sexual intercourse.
- **STD** stands for sexually transmitted disease or diseases.
- Some examples of STD are herpes, gonorrhea, syphilis, chlamydia and genital warts. Sometimes these are referred to as sexually transmitted infections (STI).
- **HIV** stands for human immunodeficiency virus.

WHAT YOU KNOW:		True	False	Not Sure
18.	Most high school students are having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	A woman is protected from pregnancy the day she begins taking the pill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	All STDs can be cured by taking medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	A person with an STD who looks and feels healthy cannot transmit the infection to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Some STDs put you at higher risk of getting infected with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	About 1 out of 4 sexually active teenagers get an STD each year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	The best way to use a condom is to leave some space at the tip for the sperm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	A condom should be completely unrolled before it is placed on the penis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Most health clinics must have permission of parents to test and treat people under 18 for an STD (including HIV).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Can the following behaviors put you at risk for getting HIV?		Yes	No	Not Sure
a.	Sharing needles for tattooing or piercing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Having sex without a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Donating blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Using the same condom twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Hugging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Which of the following methods are effective if used correctly to protect people from STD/HIV and pregnancy?		Protects from Pregnancy and STD/HIV	Protects from Pregnancy only	Protects from Neither
a.	Choosing not to have sex (abstinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Using hormone-based birth control (e.g., the pill, Depo-Provera shot, patch, vaginal ring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Using latex condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Using withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Douching (washing out the vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TALKING WITH PARENTS OR OTHER ADULTS WITH WHOM YOU LIVE

Please fill in the answer for each question that best describes your conversations on the following topics with your parents or other adults with whom you live.

29. Have you ever talked about the following with your parents or other adults with whom you live?		No	Yes, a little	Yes, a lot
a.	Abstinence (not having sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Ways to protect yourself from getting HIV or an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Ways to prevent pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue to the next page.

WHAT YOU BELIEVE

Please fill in the answer for each question that best describes what you believe.

30. I believe that...		Definitely Yes	Probably Yes	Probably Not	Definitely Not
a.	people my age should wait until they are older before they have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	it is okay for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	it is okay for people my age to have sex with several different people in the same month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	it is okay for people my age to choose not to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	condoms should always be used if a person my age has sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	condoms should always be used if a person my age has sex, <u>even if the girl uses hormone-based birth control.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	condoms should always be used if a person my age has sex, <u>even if the two people know each other very well.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU THINK YOU WOULD DO

Please fill in the answer for each questions that BEST describes what you think.

31. I think that...		Definitely Yes	Probably Yes	Probably Not	Definitely Not
a.	I would be embarrassed to buy condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	I would feel uncomfortable carrying condoms with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	it would be wrong to carry a condom with me because it would mean that I'm planning to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	having to put on a condom before sex would be a hassle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	using a condom would be embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	sex wouldn't feel as good if condoms were used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR REASONS FOR NOT HAVING SEX IN THE FUTURE:

Please mark the choices that best match how you feel.

32. Why would you choose NOT to have sex?		MARK ALL THAT APPLY
a.	I think it's wrong to have sex before marriage.	<input type="radio"/>
b.	My religious/cultural beliefs say that it's wrong to have sex before marriage.	<input type="radio"/>
c.	I am not ready to have sex.	<input type="radio"/>
d.	I am not interested in sex.	<input type="radio"/>
e.	I am waiting for the right person.	<input type="radio"/>
f.	I am waiting until I get married	<input type="radio"/>
g.	I am waiting until I'm older.	<input type="radio"/>
h.	I don't want to get pregnant or get someone pregnant.	<input type="radio"/>
i.	I don't want to get a sexually transmitted disease (STD) or HIV.	<input type="radio"/>
j.	My friends think it's wrong to have sex at our age.	<input type="radio"/>
k.	My parents or foster parents would be upset if I had sex.	<input type="radio"/>
l.	I would be embarrassed to have sex.	<input type="radio"/>
m.	I do not have someone to have sex with.	<input type="radio"/>
n.	My boyfriend or girlfriend doesn't want to have sex.	<input type="radio"/>
o.	I do not know where to get birth control or STD protection.	<input type="radio"/>
p.	I would be embarrassed to get and use birth control or STD protection.	<input type="radio"/>
q.	I do not have enough money to buy birth control or STD protection.	<input type="radio"/>
r.	Other reason. Why? _____	<input type="radio"/>

HOW SURE YOU ARE

Please fill in the answer for each question that best describes how you feel.

33. How sure are you that you could keep from having sex if:		I'm sure I could NOT	I probably could NOT	I probably could	I'm sure I could
a.	your partner really wanted to, but you were not ready?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	you just met someone that you really liked and that person wanted to have sex but you didn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	you had strong sexual feelings for someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. If you were going to have sex, could you:		I'm sure I could NOT	I probably could NOT	I probably could	I'm sure I could
a.	buy a Condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	talk about using condoms with your partner before having sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	insist on using a condom if your partner didn't want to use one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	ask your partner to use condoms even if the two of you had sex before without using condoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	keep from having sex if neither you nor your partner had any form of birth control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	use a condom without spoiling the mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU THINK YOU MIGHT DO

Please fill in the answer for each question that best describes what you think will happen.

35. How likely do you think it is that you will:		I am sure I will	I probably will	I probably will not	I am sure I will not
a.	have sex in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	have sex by the end of the 12 th grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	have sex without a condom by the end of 12 th grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU THINK YOU MIGHT DO

Please fill in the answer for each questions that BEST describes what you think will happen.

36. How likely are you to make changes in these areas?		Not at all likely	Not likely	Somewhat likely	Very likely
a.	Doing well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Getting more education or training after high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Waiting until I am financially ready before having children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Having a plan for spending that includes both needs and wants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Learning how to make wise financial decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Saving my money regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTHY OR UNHEALTHY RELATIONSHIPS

37. Indicate whether you believe that the following characteristics are those of a healthy relationship or an unhealthy relationship.		Healthy	Unhealthy
a.	Treat their partner with respect	<input type="radio"/>	<input type="radio"/>
b.	Lack shared interests	<input type="radio"/>	<input type="radio"/>
c.	Cheat on their partner	<input type="radio"/>	<input type="radio"/>
d.	Share their feelings with one another	<input type="radio"/>	<input type="radio"/>
e.	Frequently fight	<input type="radio"/>	<input type="radio"/>
f.	Have separate friends and interests as well as common friends and interests	<input type="radio"/>	<input type="radio"/>
g.	Try to control their partner's time and interests	<input type="radio"/>	<input type="radio"/>
h.	Blame their partner when things go wrong	<input type="radio"/>	<input type="radio"/>
i.	Calling a partner all the time to see where they are and who they are with	<input type="radio"/>	<input type="radio"/>

Entry Survey Student ID# _____ Instructor ID# _____

Date _____

Instructor, please complete the following question.

Youth Residence (MARK ONLY ONE)

- Group Home
- Foster Home
- Residential Facility
- Independent Apartment
- DYS - Community Correctional Facility
- Juvenile Detention Center
- Other

Exit Survey Student ID _____ Instructor ID# _____

Date _____

Youth Residence (MARK ONLY ONE)

If you are not living at home, where do you currently live?

- Group Home
- Foster Home
- Residential Facility
- Independent Apartment
- DYS - Community Correctional Facility
- Juvenile Detention Center
- Other

GENERAL INSTRUCTIONS





Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your answers and everything you say will be kept in private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

1. Your participation in this survey is voluntary.
2. Everything you say will be kept private and will not be shared with anyone outside of the study team.
3. The answers you give will be kept private. Your responses will be combined with those of other people your age.

PLEASE READ EACH QUESTION CAREFULLY: There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question.

- **PLEASE MARK ALL ANSWERS WITHIN THE CIRCLES PROVIDED.**
- **USE A PEN OR PENCIL**

Like this:  Not like this:   

Please answer the following questions to the best of your ability by completely filling the circles.
The first set of questions has to do with you.

1. How old are you? MARK ONLY ONE ANSWER

- 14 15 16 17 18 19
-

2. Are you male or female?

MARK ONLY ONE ANSWER

- Male
- Female

3. Are you Hispanic or Latino? MARK YES or NO

- Yes
- No  Please go to Question 5

4. Are you...? MARK ONLY ONE ANSWER

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

5. What is your race? MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White or Caucasian

6. Do you consider yourself to be one or more of the following? MARK ALL THAT APPLY

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else/I have not decided

7. What grade are you in? (If you are currently on vacation or in summer school, indicated the grade you will be in when you go back to school.) MARK ONLY ONE ANSWER

- 7th 8th 9th 10th 11th 12th
-

- My school does not assign grade levels
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working toward a GED
- I have a high school diploma/GED but I am not currently enrolled in college/technical school
- I have a high school diploma/GED and I am currently enrolled in college/technical school

8. During the last 12 months, how would you describe your grades? Choose the ONE best response. MARK ONLY ONE ANSWER

A's	B's	Mostly C's	D's	F's
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please think about how the program that you just completed has affected you.

9. Even if your program didn't cover a topic, would you say that being in the program has made you more likely, about the same, or less likely to...		Much More Likely	Somewhat More Likely	About The Same	Somewhat Less Likely	Much Less Likely
MARK ONLY ONE ANSWER PER ROW						
a.	resist or say no to peer pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	know how to manage stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	manage conflict without causing more conflict?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	form friendships that keep you out of trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	be respectful of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	make plans to reach your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	care about doing well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	get a steady job after you finish school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	share ideas or talk about things that really matter with a parent/guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	make healthy decisions about drugs and alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	get more education after high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	manage money carefully, such as making a budget, saving or investing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	be the best that you can be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next few questions refer to sexual intercourse and your risk of pregnancy and sexually transmitted diseases. Please respond, even if you are not planning on having sex in the next 6 months.

10. Would you say that being in the program has made you more likely, about the same, or less likely to... MARK ONLY ONE ANSWER PER ROW		Much More Likely	Some-what More Likely	About the Same	Some-what Less Likely	Much Less Likely	I will abstain in the next 6 months
a.	have sexual intercourse in the next 6 months? <i>By sexual intercourse, we mean the act that makes babies.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b.	use (or ask your partner to use) any of these methods of birth control, if you were to have sexual intercourse in the next 6 months? <i>By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	use (or ask your partner to use) a condom if you were to have sexual intercourse in the next 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	abstain from sexual intercourse (choose not to have sex) in the next 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

The next questions ask you about your experiences in the program that you just completed. Think about all of the sessions or classes of the program that you attended, even if you didn't attend all of the sessions or classes in this program.

11. Even if you didn't attend all of the sessions or classes in this program, how often in this program...MARK ONLY ONE ANSWER PER ROW		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a.	did you feel interested in program sessions and classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	did you feel the material presented was clear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	discussions or activities helped you to learn program lessons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Did you feel respected as a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Were you picked on, teased or bullied in this program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Did you have a chance to ask questions about topics or issues that came up in the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Now thinking about <u>all</u> youth in this program, how often <i>in this program</i> ... MARK ONLY ONE ANSWER PER ROW		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a.	were youth in this program picked on, teased, or bullied because people thought they were lesbian, gay, bisexual, or transgender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	were youth in this program picked on, teased, or bullied because of their race or ethnic background?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU KNOW Read each question carefully and mark the answer you think is the best response. These words are used in this survey: having sex, STD and HIV. For this survey,		True	False	Not Sure
	<ul style="list-style-type: none"> ▪ Having sex means vaginal sexual intercourse. ▪ STD stands for sexually transmitted disease or diseases. ▪ Some examples of STD are herpes, gonorrhea, syphilis, chlamydia and genital warts. Sometimes these are referred to as sexually transmitted infections (STI). ▪ HIV stands for human immunodeficiency virus. 			
13.	Most high school students are having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	A woman is protected from pregnancy the day she begins taking the pill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	All STDs can be cured by taking medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	A person with an STD who looks and feels healthy cannot transmit the infection to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Some STDs put you at higher risk of getting infected with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	About 1 out of 4 sexually active teenagers get and STD each year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	The best way to use a condom is to leave some space at the tip for the sperm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	A condom should be completely unrolled before it is placed on the penis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Most health clinics must have permission of parents to test and treat people under 18 for an STD (including HIV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Can the following behaviors put you at risk for getting HIV?		Yes	No	Not Sure
a.	Sharing needles for tattooing or piercing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Having sex without a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Donating blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Using the same condom twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Hugging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Which of the following methods are <u>effective</u> if used correctly to protect people from STD/HIV and pregnancy?		Protects from Pregnancy and STD/HIV	Protects from Pregnancy only	Protects from Neither
a.	Choosing not to have sex (abstinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Using hormone-based birth control (e.g., the pill, Depo-Provera shot, patch, vaginal ring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Using latex condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Using withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Douching (washing out the vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TALKING WITH PARENTS OR OTHER ADULTS WITH WHOM YOU LIVE

Please fill in the answer for each question that best describes your conversations on the following topics with your parents or other adults with whom you live.

24. Have you ever talked about the following with your parents or other adults with whom you live?		No	Yes, a little	Yes, a lot
a.	Abstinence (not having sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Ways to protect yourself from getting HIV or an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Ways to prevent pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU BELIEVE

Please fill in the answer for each question that best describes what you believe.

25. I believe that...		Definitely Yes	Probably Yes	Probably Not	Definitely Not
a.	people my age should wait until they are older before they have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	it is okay for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	it is okay for people my age to have sex with several different people in the same month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	it is okay for people my age to choose not to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	condoms should always be used if a person my age has sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	condoms should always be used if a person my age has sex, <u>even if the girl uses hormone-based birth control.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	condoms should always be used if a person my age has sex, <u>even if the two people know each other very well.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU THINK YOU WOULD DO

Please fill in the answer for each questions that best describes what you think will do

26. I think that...		Definitely Yes	Probably Yes	Probably Not	Definitely Not
a.	I would be embarrassed to buy condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	I would feel uncomfortable carrying condoms with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	it would be wrong to carry a condom with me because it would mean that I'm planning to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	having to put on a condom before sex would be a hassle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	using a condom would be embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	sex wouldn't feel as good if condoms were used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

YOUR REASONS FOR NOT HAVING SEX IN THE FUTURE

Please mark the choices that best match how you feel.

27.	Why would you choose NOT to have sex? MARK ALL THAT APPLY	
a.	I think it's wrong to have sex before marriage.	<input type="radio"/>
b.	My religious/cultural beliefs say that it's wrong to have sex before marriage.	<input type="radio"/>
c.	I am not ready to have sex.	<input type="radio"/>
d.	I am not interested in sex.	<input type="radio"/>
e.	I am waiting for the right person.	<input type="radio"/>
f.	I am waiting until I get married	<input type="radio"/>
g.	I am waiting until I'm older.	<input type="radio"/>
h.	I don't want to get pregnant or get someone pregnant	<input type="radio"/>
i.	I don't want to get a sexually transmitted disease (STD) or HIV.	<input type="radio"/>
j.	My friends think it's wrong to have sex at our age.	<input type="radio"/>
k.	My parents or foster parents would be upset if I had sex.	<input type="radio"/>
l.	I would be embarrassed to have sex.	<input type="radio"/>
m.	I do not have someone to have sex with.	<input type="radio"/>
n.	My boyfriend or girlfriend doesn't want to have sex.	<input type="radio"/>
o.	I do not know where to get birth control or STD protection.	<input type="radio"/>
p.	I would be embarrassed to get and use birth control or STD protection.	<input type="radio"/>
q.	I do not have enough money to buy birth control or STD protection.	<input type="radio"/>
r.	Other reason. Why? _____	<input type="radio"/>

28. How likely do you think it is that you will:		I am sure I will	I probably will	I probably will <u>not</u>	I am sure I will <u>not</u>
a.	have sex in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	have sex by the end of the 12 th grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	have sex <u>without a condom</u> by the end of 12 th grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW SURE YOU ARE

Please fill in the answer for each question that best describes how YOU feel.

29. If you were going to have sex, could you:		I'm sure I could <u>not</u>	I probably could <u>not</u>	I probably could	I'm sure I could
a.	buy a Condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	talk about using condoms with your partner before having sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	insist on using a condom if your partner didn't want to use one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	ask your partner to use condoms even if the two of you had sex before without using condoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	keep from having sex if neither you nor your partner had any form of birth control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	use a condom without spoiling the mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How sure are you that you could keep from having sex if:		I'm sure I could <u>not</u>	I probably could <u>not</u>	I probably could	I'm sure I could
a.	Your partner really wanted to, but you weren't ready?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	You just met someone that you really liked and that person wanted to have sex and you didn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	You had strong sexual feelings for someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WHAT YOU THINK YOU MIGHT DO

Please fill in the answer for each questions that BEST describes what you think will happen.

31. How likely are you to make changes in these areas:		Not at all likely	Not likely	Somewhat likely	Very likely
a.	Doing well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Getting more education or training after high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Waiting until I am financially ready before having children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Having a plan for spending that includes both needs and wants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Learning how to make wise financial decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Saving my money regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTHY OR UNHEALTHY RELATIONSHIPS

32. Indicate whether you believe that the following characteristics are those of a healthy relationship or an unhealthy relationship.		Healthy	Unhealthy
a.	Treat their partner with respect	<input type="radio"/>	<input type="radio"/>
b.	Lack shared interests	<input type="radio"/>	<input type="radio"/>
c.	Cheat on their partner	<input type="radio"/>	<input type="radio"/>
d.	Share their feelings with one another	<input type="radio"/>	<input type="radio"/>
e.	Frequently fight	<input type="radio"/>	<input type="radio"/>
f.	Have separate friends and interests as well as common friends and interests	<input type="radio"/>	<input type="radio"/>
g.	Try to control their partner's time and interests	<input type="radio"/>	<input type="radio"/>
h.	Blame their partner when things go wrong	<input type="radio"/>	<input type="radio"/>
i.	Calling a partner all the time to see where they are and who they are with	<input type="radio"/>	<input type="radio"/>

33. What are the three most important points that you learned from this program?

1) _____

2) _____

3) _____

34. What did you like the most about this program?

35. What did you like least about this program?

36. What would you have wanted to learn in this program that you didn't?

37. Are there any other thoughts or ideas you have that could make this program better?

Thank you for participating in this survey!

Exit Survey Student ID _____ Instructor ID# _____

Date _____

Instructor Complete: Youth Residence Type (MARK ONLY ONE)

- Group Home
- Foster Home
- Residential Facility
- Independent Apartment
- DYS - Community Correctional Facility
- Juvenile Detention Center
- Other

Welcome:

Good morning/afternoon and thank you for taking the time to meet with us today. My name is _____ and I am from the Ohio University Voinovich School of Leadership and Public Affairs. Assisting me is _____, also from the Ohio University Voinovich School of Leadership and Public Affairs.

Introduction and Expectations:

Our purpose today is to talk about the Personal Responsibility and Education Program (PREP). How it's being implemented and how it might be improved. We would like to hear from everyone in the group. We expect that you will have some similar experiences and opinions to share and some different experiences and opinions. We want to capture all of these, so it is ok to disagree or share a different perspective than someone else in this group. Since we want to hear from everyone and we have a lot to cover, I may have to interrupt you at some point to move the discussion along or I may ask you specifically to comment, if I haven't heard from you in a while.

Permission to audio record:

We would like to audio record our conversation so that we don't miss anything that you say. We want to be sure we hear all of your comments and the recording will help us to do that.

No names will be used in our report of this conversation and other than the people here today and the evaluation team from OU, no one else will hear the recording. We may use a quote or two but would take care to ensure neither you nor your agency are identifiable. Are there any objections to the audio recording?

Opening question

1. Let's go around the group and do introductions with your first name, your role in the PREP and how long you've been involved in the program.

Transition question

2. What are the aims of PREP?
3. What are the major benefits of PREP?

Key questions

4. Let's talk about preparation to implement PREP.
 - a. What does the current PREP facilitator training entail?

- b. To what extent do you believe the training prepares you to implement the PREP program with youth?
 - c. What else, if anything, would the ideal training for PREP facilitators include?
- 5. I'd like to move on to the PREP curriculum.
 - a. What do you think about the effectiveness of the content?
 - b. What do you think about the lesson plans as far as how they're organized?
 - c. We have heard some concerns about videos and the role plays. What are your thoughts about those components?
- 6. Let's talk about the way PREP is presented in your agencies and how you feel about the way its presented.
 - a.
 - b. How is PREP presented in your agencies? (two days, once a week?)
 - c. How is that structure for presenting PREP determined?
 - d. How well do youth respond to the way PREP is presented in your agency?
 - e. Under what circumstances is it challenging to implement PREP?
- 7. In what way is your interaction with the youth in your care different because of your participation in PREP?
- 8. Describe how you're supported to implement PREP.
 - a. Who supports your implementation of PREP?
 - b. What additional support is needed to implement the program?
- 9. When and how do you modify the PREP program?
- 10. What would you change about PREP if you could?
- 11. What concerns if any, do you have about moving into a new grant cycle?

Final Questions

- 12. All things considered, what is the most important thing you would like others to know about PREP?
- 13. Are there any other questions that you thought we would ask but didn't?

- ***Focus group facilitator recaps key points from the discussion.***

Thank you!!

