**PREP Evaluation Report**

*Interviews with Grantees*

**Prepared August 2014**

## Background

The Personal Responsibility Education Program (PREP) was authorized by Congress as part of the Affordable Care Act of 2010 and associated healthcare reforms. PREP was the first federal funding stream for programs that educate youth about abstinence and contraception for the prevention of pregnancy and sexually transmitted infections. In addition to including information about sexual health, PREP-funded programs were also required to cover at least three adult preparation topics, such as healthy relationships, adolescent development, financial literacy, educational and career success, and healthy life skills.

Federal Website: http://www.acf.hhs.gov/programs/fysb/resource/prep-fact-sheet

The goal of Iowa PREP was to provide sexuality education to adolescents that is medically accurate, culturally and age-appropriate, and evidence-based to reduce youths' risk of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (Iowa Department of Public Health, http://www.idph.state.ia.us/hpcdp/prep.asp). The selected evidence-based curricula were: Teen Outreach Program (for youth in at-risk communities ages 12-18 years), Wise Guys (for males ages 11-17 years), and SiHLE (for African American adolescent females ages 14-18 years).

## Purpose of Evaluation Project: Interviews with Grantees

To understand Iowa PREP grantees' experiences associated with the implementation of adolescent sexual health evidence based programs (EBPs) and to determine how participation in PREP may have changed the agencies in relation to their ability to implement and evaluate EBPs.

## Methods

In-depth, semi-structured interviews were completed with 12 PREP grantees in the state of Iowa in February and March of 2014. Interviews were used to address the following evaluation research questions:

1. Did grantees find that evidence-based program guidelines laid out by PREP effectively met the needs of the population served? Or did grantees feel that program tailoring may have improved program delivery and outcomes?
2. Has PREP implementation resulted in changes in ability of grantees to develop, implement, and/or evaluate interventions?
3. Has PREP implementation effected changes in knowledge about evidence-based programs related to adolescent health/teen pregnancy prevention/sexual behaviors among grantees?
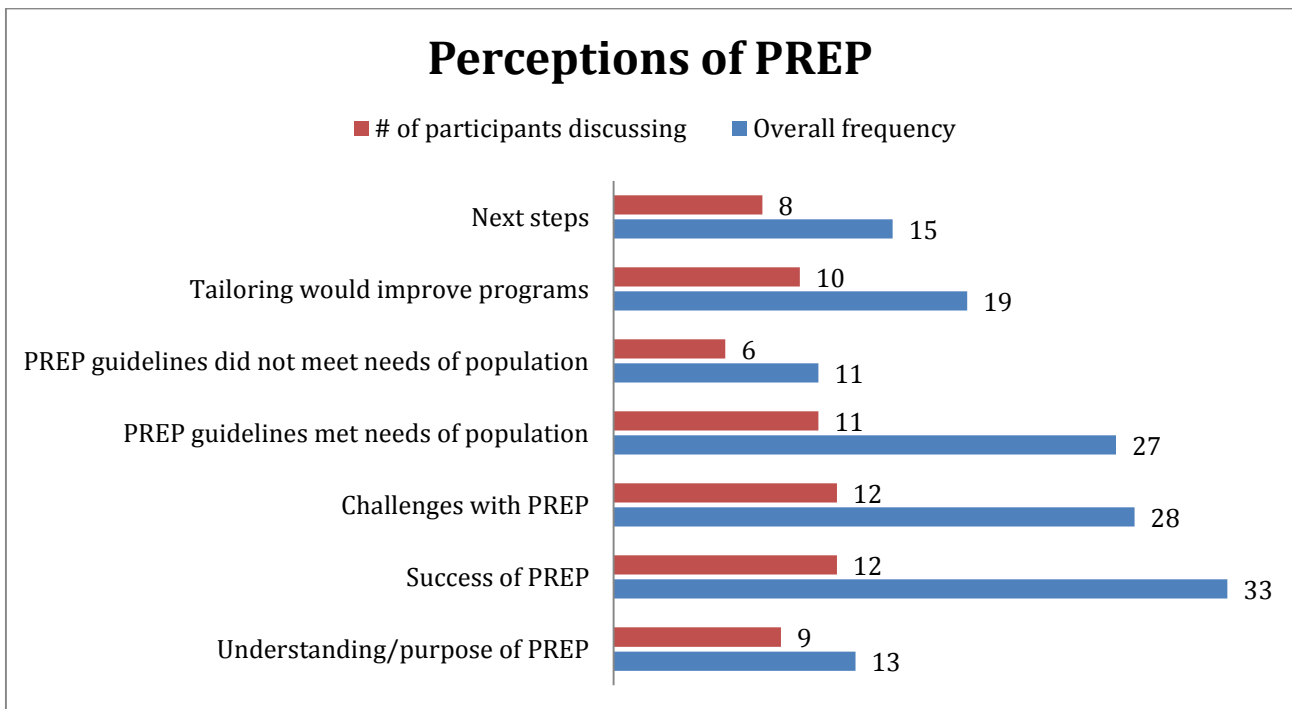
4. In what ways are PREP grantees laying the groundwork to support successful replications of these evidence-based programs?
5. What are organizational/logistical challenges faced by PREP grantees in implementing the program?
    a. How were these challenges addressed?
6. To what extent did grantees have experience implementing evidence-based programs before PREP involvement compared with *after* PREP involvement?
7. To what extent did grantees have experience implementing evidence-based programs related to adolescent sexual health before PREP involvement as compared with *after* involvement in PREP?
8. To what extent did PREP grantees have the administrative or programmatic capacity to ensure program fidelity? Has this capacity changed since implementation of PREP?
9. Has PREP lead to changes in organizational capacity (operationalized as a "predictor of process and performance and resultant health outcomes" in the organization) among intervention community partners?
10. Has participation in PREP lead to the formation of any community partnerships among grantees?
11. Has participation in PREP lead to the strengthening of any existing community partnerships among grantees?

All interviews were audio recorded and transcribed. Closed coding strategies were employed and codes were identified based on the research questions listed above. Themes were generated and organized to provide a broad description of the grantees experiences with PREP. Three independent coders were used to check for consistency and ensure reliability. A lead coder read, re-read and coded all the transcripts. The coders met at the beginning of the analysis to discuss the code book. After coding two of the same transcripts, codes were compared and discrepancies were resolved through discussion. Once consensus was reached, Coders 2 and 3 each completed an additional five transcripts that were reviewed by the lead coder. Again, codes were compared and any discrepancy was resolved through discussion. At the end of the process the list of codes and themes were compared. Categorizing strategies were used to reorganize the data into categories to identify common themes across interviews.

**<u>Summary of Findings</u>**

Findings from the interviews are described below. Four main categories emerged from the data analysis: (1) Perceptions of PREP, (2) Personal Experiences/Capacity, (3) Agency Experiences/Capacity, and (4) Community Experiences/Capacity. Implications of the findings are also discussed and summarized below.

*Perceptions of PREP*

## Perceptions of PREP

■ # of participants discussing ■ Overall frequency

Next steps: 8 / 15

Tailoring would improve programs: 10 / 19

PREP guidelines did not meet needs of population: 6 / 11

PREP guidelines met needs of population: 11 / 27

Challenges with PREP: 12 / 28

Success of PREP: 12 / 33

Understanding/purpose of PREP: 9 / 13

**Understanding/purpose of PREP**. Three-quarters of the participants discussed their perceptions of the purpose of PREP. Most of these participants described PREP as a community approach to addressing adolescent sexual health topics (such as pregnancy and sexually transmitted infections prevention) in higher risk populations. A common understanding of PREP was described by one participant this way:

> *And so a program like PREP that is, is trying to help teens understand um, their sexuality and how to stay safe and healthy and is very much in line with the goals of the agency.*

Only one participant recognized PREP as a funding source.

**Success of PREP.** All participants discussed the range of success PREP had for their respective programs and agencies. Successes described by participants ranged from increasing community buy-in for adolescent sexual health programs, including support from school districts, to reaching previously underserved populations to increasing the amount of sexual health programs in a community. For example, one participant said:

> *Um, I've definitely been able to reach, uh, a different demographic, uh, demographic and group of, of youth. Um, by using PREP and specifically the teen outreach program through PREP, um, because I work, worked with uh, youth struggling with substance abuse.*

Some participants described their increased capacity to address topics that are not traditionally covered in sexual health programs, such as healthy relationships, communication, and suicide prevention.

**Challenges with PREP.** All of the participants discussed the challenges of PREP. One of the most common challenges identified was related to the capacity of implementing the sexual health programs. Programs were described as being time and resource intensive. Similar to other participants, one described her challenges with PREP this way:

> *There's been, there's been a lot of challenges. I think the biggest challenge is that for my program, the Teen Outreach Program, it's a nine-month program and although a lot of people are very excited about it, when I tell them it's nine months…they're not able to give me that much time. So that's, that's probably one of the biggest problems, and so I had to be very creative in finding locations including starting up my own. I started up two of my own groups that was, just you know, kind of a standalone entity. Because I, I knew that if I didn't do that I wasn't going to have the numbers I needed. So I just created my own…that is a challenge and will always continue to be challenge.*

Related to the challenges associated with the amount of time and resources, participants all described the reporting and data tracking and the identification of partners as further challenges with PREP. For many agencies receiving PREP funding, they did not have the staff time necessary to fulfill these requirements.

**PREP guidelines met needs of population.** Overall, the majority of participants (N = 11) described PREP guidelines as meeting the needs of the target populations. They described the guidelines set forth by PREP as a "good fit" and "appropriate." One participant described her view of the PREP guidelines this way:

> *Um, begin able to provide sexual health education is um, an, a very good fit. We're also able to provide some adult learning skills, uh, that's been helpful. Um, one of the, it's a very minute thing but very shocking to us is, um, my PREP facilitator found out that the majority of the kids don't even know how to address an envelope. I: [Oh wow.] R: And so, yeah. Even some really basics that we just assume kids know how to do now-a-days isn't necessarily the truth so…*

Another added:

> *Uh, I do. Um, yeah I definitely feel like um, it does, it does definitely meet our population and, and it's a unique a- a- it's a unique experience and curriculum to be able to use in southeast Iowa. Uh, because there's not a lot of um, uh, curricula out there that is like the Teen Outreach Program or even SiHLE or um Wiseguys which are other, you know, PREP, um, funded curricula. So it's really great that um Iowa in general is able to offer these really unique curricula to, to different groups, so, yeah, definitely meets our needs.*

However, 50% of participants also described some of the limitations of PREP guidelines in meeting the needs of the target populations. These participants described PREP as "missing the

mark" or "outdated" in some cases. One participant described the inability of PREP guidelines to meet the needs of the population in this way:

> *…and I think some of it is not. Um, I think there are, I think there are some outdated pieces of the curriculum that um… that don't necessarily fit the needs of the community…Um, I think it lacks some inclusiveness, um, to non-heterosexual males. Um, so I think that there's, I think that that's missing some of the needs of the community, of the population.*
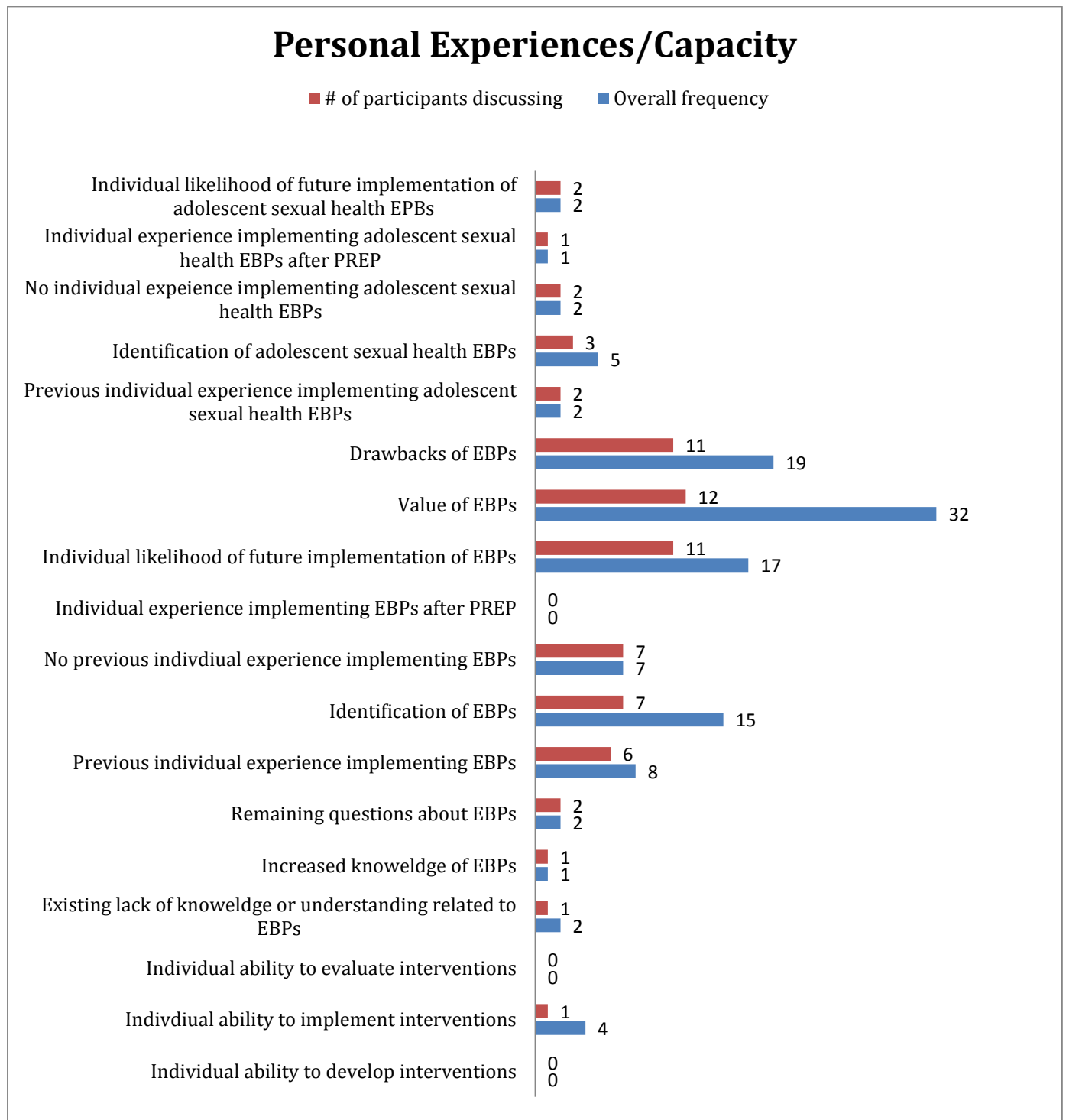
Consequently, the majority of participants (N = 10) agreed that PREP would benefit from tailoring. Participants identified several components that would be appropriate for tailoring, including adjusting programs to be inclusive of all sexual orientations, adjusting the amount of time requirements for teens (particularly related to service learning requirements), and adjusting the adult preparation topics to be relevant to the community.

**Next steps for PREP**.  Two-thirds of participants discussed "next steps" for PREP. The most common suggestion for the future of PREP included reaching out to program staff for suggestions on what curriculum was most appropriate for teens in Iowa communities. One participants shared:

> *Um, the one thing that I would bring up is that, e-, I don't know where they're going with this program after the five years but I will put a little plug in that if they decide to reevaluate the different curriculums out there…um, to maybe invite some of these um, current PREP contractors to be able to put, give some input on what curriculums may work better within their community. Um, because there may be some things out there that uh, are just as good. And maybe fit the community a little bit better.*

Additional suggestions for next steps included expanding the reach of PREP programs to include other youth-serving agencies, such as churches and Boys and Girls Clubs, and improving youth recruitment strategies.

*Personal Experiences/Capacity*

## Personal Experiences/Capacity

■ # of participants discussing     ■ Overall frequency

| Category | # of participants discussing | Overall frequency |
|---|---|---|
| Individual likelihood of future implementation of adolescent sexual health EPBs | 2 | 2 |
| Individual experience implementing adolescent sexual health EBPs after PREP | 1 | 1 |
| No individual expeience implementing adolescent sexual health EBPs | 2 | 2 |
| Identification of adolescent sexual health EBPs | 3 | 5 |
| Previous individual experience implementing adolescent sexual health EBPs | 2 | 2 |
| Drawbacks of EBPs | 11 | 19 |
| Value of EBPs | 12 | 32 |
| Individual likelihood of future implementation of EBPs | 11 | 17 |
| Individual experience implementing EBPs after PREP | 0 | 0 |
| No previous indivdiual experience implementing EBPs | 7 | 7 |
| Identification of EBPs | 7 | 15 |
| Previous individual experience implementing EBPs | 6 | 8 |
| Remaining questions about EBPs | 2 | 2 |
| Increased knoweldge of EBPs | 1 | 1 |
| Existing lack of knoweldge or understanding related to EBPs | 1 | 2 |
| Individual ability to evaluate interventions | 0 | 0 |
| Indivdiual ability to implement interventions | 1 | 4 |
| Individual ability to develop interventions | 0 | 0 |

**Individual ability to develop, implement, and evaluate interventions.** None of the participants discussed or described the ability to develop or evaluate interventions, and only 1 participant described her ability to implement interventions.

Additionally, participants did not have a lot of existing knowledge about evidence-based programs, nor did they express a change or increase in knowledge as a result of being a PREP grantee. Only 1 participant discussed her previous lack of understanding and subsequent increase in knowledge about evidence-based programs. She described her state of understanding this way:

> *Um… it's something that is fairly new to me and so, I mean just from my basic understanding, I think the idea that something has shown to have, give results is obviously very important. Um, to know that, you know, that it's been tested and, and shown to be… um, you know, to make the type of difference that it's intending to make. I think that's important.*

Further, only 2 participants had more questions about evidence-based programs. Their questions centered around the science or research required to label a program "evidence-based" and what environmental or community factors are needed to support an evidence-based program to make it effective.

**Individual experience with evidence-based programs.** Overall, participants had limited experience with evidence-based programs. Six described experience they had with evidence-based programs prior to PREP, while two described prior involvement with adolescent sexual health evidence-based programs. The programs identified by participants included SPLASH (Smoking Prevention Launch Among Students in Hawaii), Making Proud Choices!, Be Proud! Be Responsible!, Reducing the Risk, Draw the Line/Respect the Line, Safe Choices, Becoming a Responsible Teen, and Girls' (adolescent female development).

**Individual likelihood of future evidence-based programs implementation**. Eleven of the participants agreed they would be likely to implement evidence-based programs in the future, while two of these participants specifically indicated that they would be likely to implement adolescent sexual health evidence-based programs. Participants discussed further training in evidence-based programs and incorporating evidence-based programs into their work. One of the participants described future implementation of evidence-based programs this way:

> *Oh I say yeah, I, I would say it's pretty, pretty darn likely. Um, I try, I try to…so I have the opportunity to, to um, have, you know, funding to go and, and learn um new curricula. So it's, and I actually, about, about once a year I get uh a new train on a new evidence-based curricula so that's awesome…Um, so that's something we're working on. So I, I have a lot of um hope that that will happen.*

**Value of evidence-based programs**. All of the participants discussed the value of evidence-based programs while 11 described drawbacks of these programs. Participants identified the following values of evidence based programs:

1. Programs have been tested and shown to be effective
2. Programs use facts that resonate with the target audience
3. Programs reach and educate more teens

4. Programs require training to ensure they are implemented with fidelity
5. Programs resonate with school administrators and staff because they have an established curriculum
6. Programs generate support from community members and parents because they have shown success at addressing a sensitive topic (adolescent sexual health)

One participants described the value of evidence-based programs this way:

*Well I mean, besides the fact that they're, uh, they're awesome…It's, those, the schools um where I'm implementing, really the teachers, counselors, they want to hear that this is an evidence-based um curricula, that's what they're looking for. And any curricula that you're working with in school settings now so I mean just, that, that in itself is helpful. Um, to say yes, this is evidence-based and it…it's proven, it's shown that it works and, and here's why. Um, so that definitely helps.*
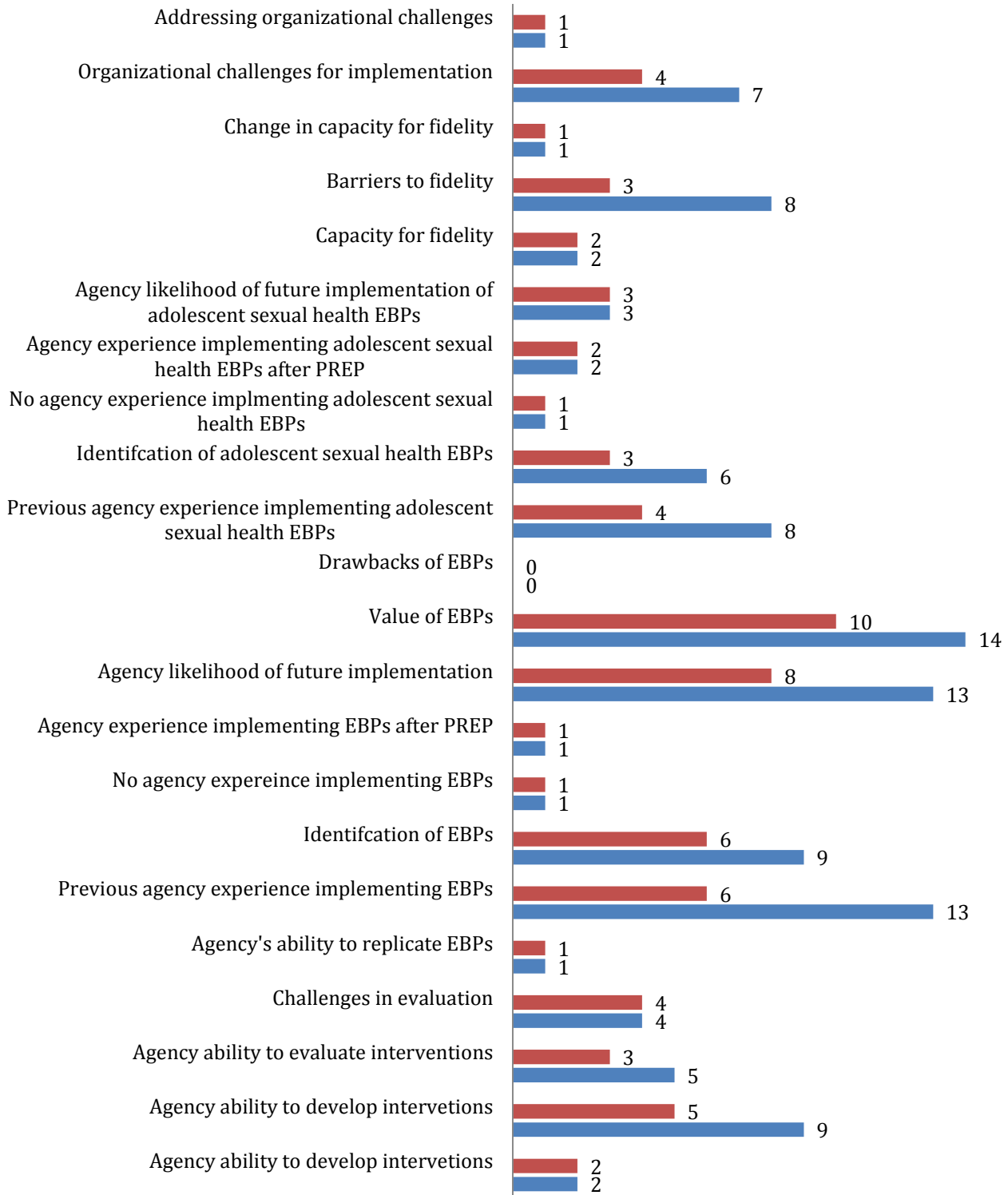
Participants also identified the following drawbacks of evidence-based programs:

1. Programs do not always reflect teens' world today and may lack relevance
2. Programs can be expensive to implement
3. Programs may not take into account community context (rural vs. urban)
4. Programs can be time intensive
5. Programs can be too rigid in structure and difficult to implement in school settings
6. Programs do not take into account GLBT youth

*Agency Experiences/Capacity*



Agency Experiences/Capacity

Legend: # of participants discussing, Overall frequency

| Category | # of participants discussing | Overall frequency |
|---|---|---|
| Addressing organizational challenges | 1 | 1 |
| Organizational challenges for implementation | 4 | 7 |
| Change in capacity for fidelity | 1 | 1 |
| Barriers to fidelity | 3 | 8 |
| Capacity for fidelity | 2 | 2 |
| Agency likelihood of future implementation of adolescent sexual health EBPs | 3 | 3 |
| Agency experience implementing adolescent sexual health EBPs after PREP | 2 | 2 |
| No agency experience implmenting adolescent sexual health EBPs | 1 | 1 |
| Identifcation of adolescent sexual health EBPs | 3 | 6 |
| Previous agency experience implementing adolescent sexual health EBPs | 4 | 8 |
| Drawbacks of EBPs | 0 | 0 |
| Value of EBPs | 10 | 14 |
| Agency likelihood of future implementation | 8 | 13 |
| Agency experience implementing EBPs after PREP | 1 | 1 |
| No agency expereince implementing EBPs | 1 | 1 |
| Identifcation of EBPs | 6 | 9 |
| Previous agency experience implementing EBPs | 6 | 13 |
| Agency's ability to replicate EBPs | 1 | 1 |
| Challenges in evaluation | 4 | 4 |
| Agency ability to evaluate interventions | 3 | 5 |
| Agency ability to develop intervetions | 5 | 9 |
| Agency ability to develop intervetions | 2 | 2 |

**Agency ability to develop, implement, and evaluate interventions.** Few participants talked about their agency's ability to develop, implement and evaluate interventions. However, those who did discuss their agency agreed that PREP has assisted in increasing their agency's ability to develop, implement, and evaluate interventions. Related to intervention development, one participant said:

> *...I think it's helped us focus on adolescent health as well. Um, I think taking part in PREP is, has really helped us at a, at an agency level or a department level, really say like, okay, we have, we have this program but now we wanna kind of, you know, spread it out to adolescent health in general and really focus on needs development...Not just the, the teen pregnancy portion of it because the, the curricula that we've chosen very clearly show that it, it's not necessarily just about sexual health, it's a lot of other things such as values and, and decision making and goal setting and healthy relationships.*

Similarly, five participants discussed their agency's increased capacity to implement interventions, existing and new, as a result of being involved with PREP. One participant described her agency's increased capacity this way:

> *Um, again I think it's just uh, just like it, just, it really actually um supports the existing programs um that we already have here because we've already, we've, for years have been equipped um as one of the top agencies in the area, when it comes to prevention programs and uh teen pregnancy programs. Um, so pretty much it's just pretty much been an enhancement to everything else we've been doing.*

One-quarter of participant agreed that PREP facilitated program evaluation for their agency. For example, one participant said:

> *And I talked earlier about we had to get approval through a committee here at the hospital to do that and so it just was able to kind of make some more people aware within our work of what we're doing and the benefit of this program and why we need to do this research and evaluation.*

At the same time, one-third of participants recognized challenges their agency faced in evaluating programs. The challenges articulated were related to data collection, management, and reporting and the resources required to implement evaluations. One participant described the challenges her agency faced this way:

> *You know, I, I just... one of the bigger challenges that I see, I, I don't provide the program but what, as a manager overseeing the program, um, there's a lot of reporting and data tracking. Um, you know I just took a quick check on our grant and over forty-four percent of our total funding is going towards records and data tracking. So even though i-, evidence-based it great and it needs to happen, it, it takes away from the direct services that i- that's being provided*

*to our community too. So trying to find a way to streamline, um, and make that more efficient, um, would be helpful. So that we're not spending almost fifty percent of our, our funding on that, 'cause that's not fun.*

**Agency experience with evidence-based programs.** Prior to their involvement in PREP, half of the participants reported that their agency had prior experience implementing evidence-based programs. One-third reported their agency having experience implementing adolescent sexual health evidence-based programs.  One participant reported that her agency had no prior experience implementing any kind of evidence-based programs. The programs identified included: Making Proud Choices, Be Proud, Be Responsible, Cuidate, WiseGuys, Draw the Line, Respect the Line, and Reducing the Risk.

Two-thirds of participants indicated that their agency would be likely to implement evidence-based programs in the future, but only one-quarter specifically talked about future implementation of adolescent sexual health programs-- and these respondents were less optimistic.  Related to the future implementation of adolescent sexual health evidence-based programs, one participant said:

> *Um depending upon what it is (laughs)…um we don't like things to get too watered down so if it's a program, gosh I'm so vocal about this but I don't really care. Um, if it's a program like TOP we probably won't be quite as interested in it. Um, if it's a program that's really focusing on STI's, um, birth control methods, partner relationships, those kinds of things, um, then we would be more interested. So if it's an after school program that's talking about all of the risk behaviors and all of those things, we probably wouldn't be as interested in providing something like that.*

Finally, ten participants identified the value of using evidence-based programs for their agency. These included:

1. Programs help establish community and parent buy-in and support
2. Programs create a standard of practice across the agency and the state for adolescent sexual health interventions
3. Program implementation establishes backing from state and federal agencies

**Organizational challenges and capacity to implement programs with fidelity.** One-third of the participants recognized challenges their agency faced when implementing programs. These challenges included:

1. Having enough staff to meet the needs of program implementation
2. Providing administrative oversight to program implementation
3. Establishing and enrolling participants for the programs
4. Integrating programs into school or other organization's schedules

Only one of these participants described addressing these challenges. Due to time constraints, her agency decided to scale back on the amount of time spent meeting each individual requirement of the program so that all program components could at least be addressed.

One-quarter of participants discussed fidelity of implementation at the agency level. Barriers to program fidelity included:

1. Program components did not appear to align with program goals (and as a result were adjusted to do so)
2. Program components did not meet the needs of the community
3. Program requirements (i.e., service learning) were too time intensive
4. Program requirements appear to be inflexible

One participant did describe her agency's change in capacity for fidelity. She described the use of fidelity logs (required for PREP) to hold program staff accountable for implementation. She said:

> *The only thing different for me was the fidelity logs that I have to fill out for PREP, and I've never, I've never really had to be accountable for any, any of the programs that I've done. Um, and I'm, but I'm kinda, I'm a, I'm kind of a perfectionist in my work anyways so I always was. And, and w-, I really, really like the fidelity logs. I really like, um, having to be accountable I guess.*
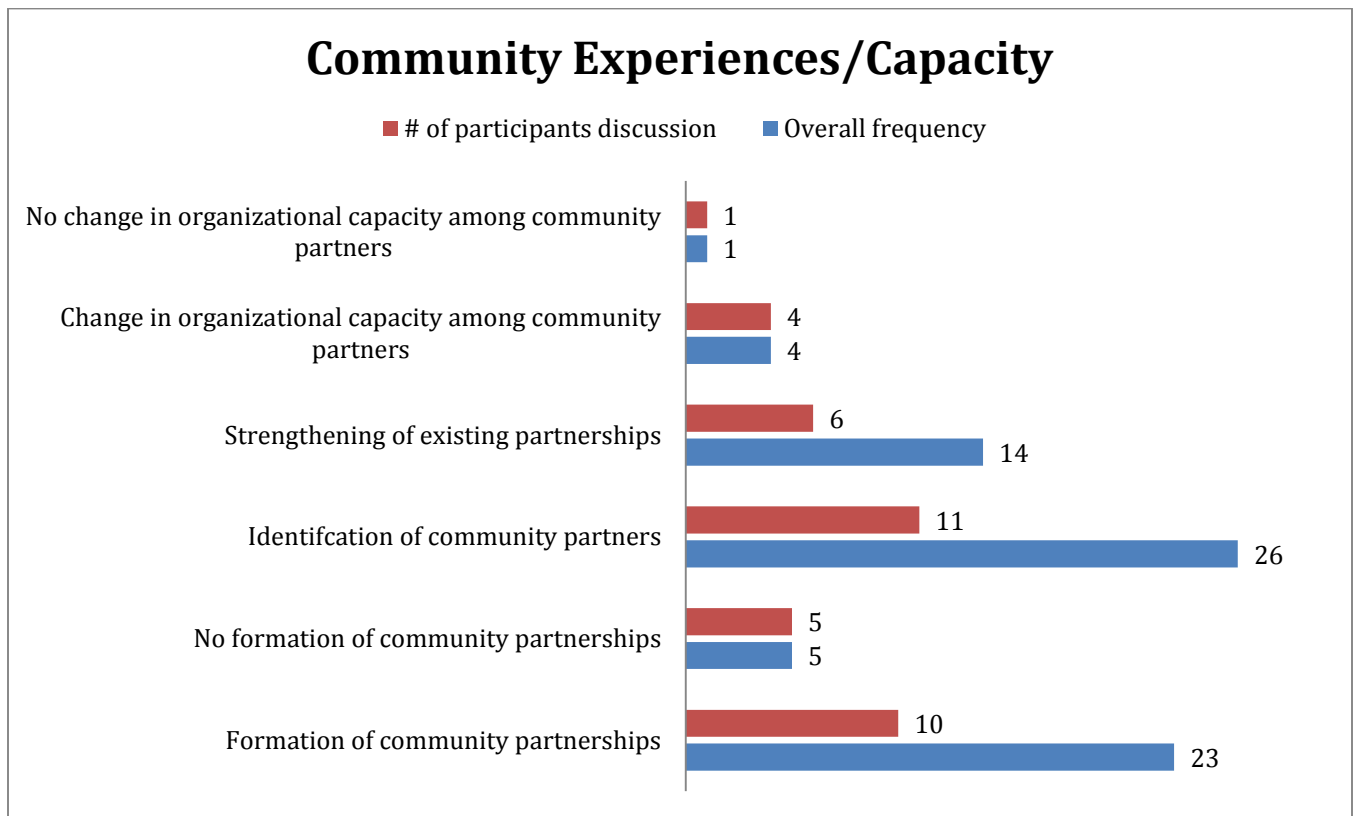
**Community partnerships.** The majority of participants (N = 10) described the formation of community partnerships as a result of being involved in PREP. However, five of these participants indicated that this formation was not due solely to PREP. The formation of community partnerships was described as a "success" and provided opportunities for agencies to grow and extend their reach in the communities they serve. For example, one participant said:

> *Well, y- uh, yeah, I mean just also the success of um my community really, um, supporting, uh, the Teen Outreach Program or PREP, and um sort of, uh, jumping on board and, and promoting it to other community-based organizations, youth-serving organizations and, and helping me to find new groups so it's been awesome to have that support from my community as well.*

Another participant described the formation of community partnerships this way:

> *Oh sure. I mean I think that we c-, you know, I think in the field it's great to learn from each other. I mean I think you could get some tools or techniques. I'm uh, a peer mentor for our CAPP pro-, uh grant over at Eyes Open Iowa. And um I went down and observed someone and they were using a great activity that I, I asked of course can I bring that back and let my staff use it? And so it was their program so they were working and of course they said yes. So, I think it's great to be a-, to share resources. On the other hand I think you can also sometimes*

*see what doesn't work and say I don't want to try that. You know. So, most time I think it's a win, win for everybody.*

Agencies identified as community partners included:

1. State departments of health and education
2. Schools/alternative schools/school districts
3. Health centers
4. Health departments
5. YMCAs
6. Churches
7. Other family services organizations
8. Other youth-serving organizations

Additionally, half of the participants described how PREP strengthened existing partnerships. One participant described the strengthening of a relationship this way:

*One of the successes was we were able to reconnect with um partners that we had in the past doing um HIV reduction education. So being able to provide that education, sexual health education in to, um, one of our previous partners that have really been wanting to, to get that program back into their school.*

**Organizational capacity among community partners.** One-third of the participants discussed how PREP led to changes in organizational capacity among community partners. Community partners were able to offer programs and reach their target populations with programs in ways that they had not been able to before. For example, one participant said:

*Um, yeah, there, obviously with like [one of our partners]…um, they were, they never had a, any type of um, actually any type of evidence-based curriculum, at all, that their youth never received until, as far as I know, TOP came in. Um, as a educator I might go in and do a one-time you know, STI program or um birth control, but they didn't receive, I don't think they ever had any type of um ongoing curriculum. So that was unique for them. And really good, and also the, the males and females normally don't work together but they do and they were able to with TOP*

Additionally, participants agreed that PREP helped their community partners understand the importance of evidence-based programs and make these types of programs priorities.

## Implications

A summary of Iowa PREP grantees' experiences associated with the implementation of adolescent sexual health evidence based programs (EBPs) was provided above. The following implications and recommendations should be considered when moving forward with PREP and the implementation of evidence-based adolescent sexual health programs.

### Perceptions of PREP

- Inform grantees of the mechanism of PREP; PREP is a funding program that sets standards on the programs that states implement
- Leverage the success of grantees to help motivate and inform others who are facing challenges
- Evaluate how PREP programs could benefit from tailoring; establish a process for what tailoring would look like
- Establish a process/planning for program continuation after the 5-year grant period expires

### Personal Experiences/Capacity

- (Continue to) educate grantees about evidence-based programs
- Address and provide guidance on the drawbacks of evidence-based programs identified by grantees
- Establish a support network for grantees to share their experiences and learn from one another

### Agency Experiences/Capacity

- Provide additional training on the importance of fidelity
- Implement fidelity logs/tracking to assist agencies in implementation
- Provide additional training on the importance of evaluation

### Community Experiences/Capacity

- (Continue to) leverage community partners
- Provide grantees with information on how to use community partners as resource for the implementation and evaluation