

Step 8 Outcome Evaluation

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Focus question

Has our program had the desired impact?

Step 8 Outcome Evaluation addresses the results of implementing your evidence-based teen pregnancy prevention program. As in Step 7 Process

Evaluation, you will need to create measurement instruments before you implement your program. This also makes Step 8 a two-stage operation, the difference from Step 7 being that you actually evaluate the outcomes after the program is finished.

Once you set the methods for an outcome evaluation, you will return to Step 7 to implement the program and perform the process evaluation. If you have chosen a method involving pre-test data collection prior to the program start, you will also initiate outcome evaluation. As you finish the program or possibly months afterward, depending on the method you have chosen, you will advance to Step 8, again, to implement post-test data collection. The outcome evaluation will:

- Determine whether those who participated in your program reported changes in participant knowledge, skills, attitudes, and behaviors related to teen pregnancy and/or sexual risk-taking
- Provide evidence that your program worked or didn't work
- Begin to identify challenges and successes based on the data you have, with a more thorough examination of this occurring in Step 9 Continuous Quality Improvement

Materials

For the planning portion of this step, you'll need:

- Completed Step 2 **BDI Logic Model** and **SMART Outcomes Statement** tools
- Completed Step 6 work plan and **Work Plan** tool
- Completed Step 7 **Process Evaluation Planner** tool
- Existing outcome measures that came with your program as available
- Copies of the [Data Collection Methods at a Glance](#) tip sheet on p. 8-9
- Copies of the Step 8 **Outcome Evaluation Planner** tool on the CDC Teen Pregnancy website

For the evaluation portion of this step once the program has ended, you'll need:

- Copies of the Step 8 **Outcome Evaluation** and **Report Our Findings** tools, also on the CDC website
- Copies of the [Calculate Frequencies & Means](#) tip sheet, p. 8-18



Checklist for Step 8

Prior to launching your program

- Identify measures
- Choose the evaluation design
- Develop methods to use
- Develop and finalize a plan for putting the methods into place
- Collect any pre-test data just prior to implementing your program

Return to Step 7 to implement your program and perform the process evaluation.

When your program is finished

- Collect outcome data (post-test data after the last program session and possibly also several months or longer after the program ends)
- Analyze data, interpret the findings, and report the results



FYN tackles Step 8

As FYN prepared to launch *Making Proud Choices!* for the first time, the work group paused in the development of its work plan to familiarize themselves with tasks and tools needed to conduct a high quality outcome evaluation. Using the tip sheet [Data Collection Methods at a Glance](#) with the **Outcome Evaluation Planner** tool, the group decided what to measure, how to gather the information it wanted, and when to get certain types of outcome evaluation data. Again, certain kinds of data needed to be collected in a pre-test time period, before the program starts.

Reasons for evaluating outcomes

You need to know if your program had the desired effect, meeting the goals and desired outcomes you set for the youth that you served. Planning and completing an outcome evaluation supplies the evidence that the program reached or did not reach its goals and desired outcomes. The Step 7 process evaluation, which shows where your implementation strengths and weaknesses lie, can be crucial to understanding why your efforts did or didn't succeed (see Step 7, **Information to get you started**).

We all want our youth to grow up making healthy choices, and an outcome evaluation can tell us if our program is helping them to do so. This information is useful because it can:

Supply data you need to see if your goals and objectives were met and to incorporate into reports for funding agencies, stakeholders, contributors, collaborators, and the community

Help you decide whether or not to repeat the program

Refine your understanding of your priority population

Suggest other policies, programming, or education needed

Lead to improved interactions with collaborators and extended network

Information to get you started

Each step has contributed to sound planning and analysis. Now, the identified behaviors, determinants, and goals and desired outcomes all become the focus of your outcome evaluation. In this step you complete the formal planning process that started with the work plan (Step 6 Plan) and implementation plan (Step 7 Process Evaluation). To start, you will use the tools and materials you've accumulated and some additional information to plan your outcome evaluation.

Characteristics of good survey instruments

Besides defining questions well, a number of other considerations go into selecting or developing survey instruments that get good data from the persons to whom you administer them. As you proceed through the upcoming sections on exactly how to perform an outcome evaluation, keep the following points in mind to help you use your evaluation resources wisely.

Identify or create at least one measure for each outcome in your BDI Logic Model (desired behaviors and determinants). For complex outcomes like self-efficacy, it's best to develop a set of questions.

Keep it as short as possible. Especially when dealing with youth, shorter instruments take less time and reduce test fatigue. They also save time entering the data into a computer.

Pilot test the instrument. Whenever possible, test potential questions for readability, clarity, etc., with a few users before incorporating them.

Format the survey. Combine the questions into one survey and number them continuously, including the demographic questions, to make your instrument easy to follow. Don't forget to create simple instructions for completing the survey.



Note

Try to measure both behaviors and determinants, but if there are reasons you can't learn about some behaviors (e.g., frequency of sex), do ask about the related determinants in your logic model.

Upon completing the survey instrument, you will pause and return to Step 7, give the pre-test survey (if you chose an evaluation design that uses a pre-test),

implement the program, perform the process evaluation, complete the program, and give the post-test(s) survey (if you chose an evaluation design that uses a post-test or follow-up post-test). When you resume Step 8 at the end of your program, the second part takes you through the final stages of outcome evaluation. For that, we've included basic information to help with the analysis. You can summarize much of the basic data on your own or with a little assistance. However, you may need help with the complex quantitative analysis.



Collaboration

Just as you may have engaged facilitators or evaluators from outside your organization, you might want to seek assistance from a professional evaluator, graduate student, or university faculty member for help with evaluation design and statistical analysis; specifically for more complex evaluation designs.

How to perform an outcome evaluation

Along with a process evaluation, the outcome evaluation needs to be designed during the program planning process, before the program is implemented. The person responsible for performing the outcome evaluation should be involved in the planning process, because the measures, instruments, and schedule must be carefully coordinated, maintained and monitored. As in Step 7, the person selected for the task needs to be organized, reliable, and analytical. It also helps if the person communicates well with youth.

As in Step 7, this section is divided into two parts: **Create the outcome evaluation** and **Perform the outcome evaluation**. Tasks for planning and conducting the outcome evaluation are divided between the two parts:

Create the outcome evaluation before you implement the program

1. Decide what to measure
2. Identify or compose the survey questions
3. Choose a design and collection method
4. Finalize the outcome evaluation instrument
5. Identify the sample and set the evaluation frequency
6. Give the pre-test before the program sessions start (if you chose a design that uses a pre-test survey)

Perform the outcome evaluation

7. Conduct the outcome evaluation—administer the post-test after program sessions have ended and even months later (if you chose a design that uses a post-test or follow-up post-test)
8. Analyze the data and report the results



Tool

The **Outcome Evaluation Planner** helps you compile your measurement selections. Keep it in front of you as you read through the upcoming sections so you can take notes.

1. Decide what to measure

You can evaluate the impact of your intervention activities by measuring changes in the identified behaviors and determinants that you expect the program to affect in your priority population. These are the changes in knowledge, skills, attitudes, and perceptions associated with teen pregnancy and adolescent risk behaviors that you defined using your **BDI Logic Model** and **SMART Desired Outcomes** tools.



Memory flash

You identified behaviors and determinants and then you composed SMART desired outcomes statements for each and you numbered them. These statements tell you what you need to measure.

Enter the Measurable Evidence Statement codes from the SMART Tool

On the **Outcome Evaluation Planner**, in the first column (#), copy the numbers associated with each Measureable Evidence item you created in the **SMART Desired Outcomes** tool.

2. Identify or compose the survey questions

Once you know what to measure, you need to decide how to measure it. In the sections that follow, we refer to a measure as an individual or group of related questions on a survey. All the measures together comprise the survey or instrument. Measures may track knowledge or self-reported attitudes or behaviors, the difference being that answers to the knowledge questions are factual in nature, thus objective, either right or wrong. Throughout the program, knowledge questions help you measure the changing level of understanding. Answers to self-reported attitudes or behavior questions are subjective—based on personal perception, memory, or opinion. You will use them to spot shifts in attitude and behavior.



Tip sheets ahead

Survey Questions for Sexual Behavior & Determinants, located on the CD due to its length, contains item from several national surveys.

Data Collection Methods at a Glance on page 8-9 summarizes 8 ways to gather information.



Data Collection Methods at a Glance

Method	Pros	Cons	Cost	Time to do	Response rate	Expertise needed
Self-administered survey	Can be anonymous (e.g., auto computer assisted self-interviews [ACASI]) Inexpensive Standardized	Biased if youth don't understand questions or answer honestly May get incomplete data if not fully completed	Low to moderate	Moderate to high; depends on survey length and number of respondents	Moderate to high; depends on means of administration	Little to administer surveys Moderate to analyze and interpret
Phone survey	Same as self (above) Can be used for additional follow-up	Same as self (above) Limited to phone owners Some may ignore calls	Moderate to high; depends on number. More than self	Moderate to high; depends on survey length and number of respondents	Moderate to high; depends on means of administration	Some for phone surveys Moderate to analyze and interpret
Focus group	Gather data on attitudes, social norms, and perceptions Can inform survey questions	No individual-level data Limits on generalizing themes beyond group Recruitment challenges Sensitive topics may be difficult to address	Low if done internally, moderate cost to hire a professional facilitator and transcriber as needed	High Groups often average about 1.5 hours	Moderate Involvement usually limited to 6-8 people	Strong group facilitation skills Technical aspects can be learned relatively easily Ability to transcribe Qualitative analysis skills
Interviews – face-to-face and open ended	Gather in-depth, detailed info Info can help generate survey questions Structured	A lot of time and expertise needed to conduct and analyze Potential for bias due to limited participants	Same as focus groups	Moderate to high depending on length and content	People usually agree if it fits their schedule	Good interview/conversation skills Formal analysis methods are difficult to learn
Written—open-ended questions	Can add depth and detail to a structured survey	People often ignore these portions Can be hard to interpret written statements	Inexpensive	Adds time to survey length Coding and	Low to moderate	Qualitative analysis skills

				analysis will likely take time		
Participant observation	Can provide detailed data about a program	Observer can be biased Can be lengthy process	Inexpensive by staff or volunteers	Time consuming	Participants may not want to be observed	Requires skills to analyze the data
Record Review	Objective Doesn't require new participants	Can be difficult to abstract information With well-structured data and an abstraction tool, can be easier Often incomplete	Inexpensive	Time consuming	Not an issue	Moderate to analyze and interpret Need to develop coding scheme

Measuring change

You will need to know how much your participants know and what their habits are before you can measure the difference. You may decide to create a pre-test for assessing knowledge and habits at the start of the program, which you can then compare to their post-program survey responses. We discuss pre-testing in “3. Choose a design and collection method” (p. 8-12).

Question sources

Creating questions can be tricky. We’ve included a bank of tested survey questions on the CD: **Survey Questions for Sexual Behavior & Determinants**. Your chosen program may include multi-item evaluation measures. If so, review them to make sure they are appropriate for your priority population before you use them. If your program did not come with evaluation measures, a number of resources are available online, which may help you identify key behaviors you can influence. You can add them to your measures.



Online

Evaluating Teen Pregnancy Prevention Programs, 2nd Ed., 2001,
Sociometrics: <http://www.socio.com/evapub21.php>

YRBS (Youth Risk Behavior Survey):
www.cdc.gov/HealthyYouth/yrbs/index.htm

NSFG (National Survey of Family Growth): www.cdc.gov/nchs/nsfg.htm

Enter your questions

Once you’ve developed measures for your desired outcomes, enter each into the second column of the **Outcome Evaluation Planner**, on the row with the number for the associated Measurable Evidence item on the **SMART Desired Outcomes** tool.

3. Choose a design and collection method

Once you have your measures, you can construct an evaluation that fits your program and available resources. You want to select a design that will identify the outcomes and provide the best evidence possible that your program affected them. Then you will need to select one or more means of collecting the data.

Select the design

You can choose from several combinations of test designs, listed here from weakest to strongest with respect to scientific validity.

Post-test-only measures outcomes after the program. This design is the least useful because you have no way to measure change. There are no baseline measures against which to compare results. All you can do is to compare results with data collected from another source (e.g., national trend data). You have no way of knowing if your program had a positive or negative effect on the behaviors and related determinants. Post-test-only can be used when it is more important to ensure that participants reach a certain threshold (e.g., 75% carry a condom) than to know how much they changed due to attending your program.

Pre-/post-testing reveals changes. You are able to compare baseline measurements from pre-testing to measurements derived from post-testing at the end. Thus, measurements are taken twice (before and after the program) and must be identical in order to be comparable. Although this design is superior to post-test-only, you still can't be sure that your program was responsible for the outcomes. There may be many other reasons for the changes in participant attitudes and behavior, such as changes in local enforcement policies or laws, new programs, media campaigns conducted by others, or even chance.

Pre-/post-testing with a comparison group assesses impact by providing a comparable group that doesn't receive the program. In this design, you give both groups the pre-test, deliver the program to the program group only, and then administer the post-test to both groups when the program finishes. The challenge is to find a same-sized group that is both demographically similar and demonstrates the same risk factors to your program group. The more similar the groups are, the more confidence you can have that the program was responsible for the changes in outcomes. Though a step up from testing only the program group, the design still leaves the possibility that other factors caused the changes, such as the two groups being different in some crucial way (e.g., different ages, races, risk level).

Pre-/post-testing with a control group where receipt of intervention was randomly assigned to participants to either group. Random assignment—perhaps via a coin flip—gives each person equal chances of winding up in one group or the other. The control group is a type of comparison group (members similar to those in the program group but not receiving the program) with random assignment providing the best-known way to ensure that both groups are equal. This design, therefore, offers the strongest basis for claiming that your program caused any observed changes.

Although the pre-/post-test with a randomly assigned control group offers the most confidence that the program has produced the desired outcomes, it's also the most difficult to implement, costs the most, and raises ethical questions about offering some people a program and withholding it from others, though control group participants can be offered the program after the evaluation is complete. You'll have to balance the need for confidence that you know what caused the outcomes against the challenge of more complex outcome evaluation designs.

Select the data collection method

We've referred to many methods for collecting data though we're focusing on surveys. Surveys take many forms as you can see on the [Data Collection Methods at a Glance](#) tip sheet (p. 8-9), which includes several other methods, as well.

For the outcome evaluation, we recommend a self-administered survey. You need to learn from individual participants if and by how much any of the identified behaviors and/or determinants changed. The personal nature of questions about sexual behavior makes it preferable to ask them on a survey rather than in an interview or group setting. You stand a better chance of obtaining reliable information when you eliminate the risk for shame or embarrassment. Some tools such as an automated computer assisted self-interview (ACASI) can facilitate this. If you decide to use interviews, it is recommended to use an interviewer of the same gender as the participant.

Enter the study design and collection method

Enter the selected design into the third column of the **Outcome Evaluation Planner**. You may use the same design for all your desired outcomes. This is the typical approach in most community programs. Add the collection method to the same column, also making sure to associate method with evidence statement if you are using multiple methods.



Outcome Evaluation Planner

#	Measure	Design & Collection Method	Sample	Frequency
1	<i>During the last 3 months, have you had sexual intercourse (vaginal, oral, and anal)?</i>	<i>Pre- and post-tests</i>	25	<i>twice</i>
2	<i>If I don't use condoms, I have a higher chance of getting an STI, such as HIV or AIDS. True/False</i>			
...				
8	<i>I know how to talk to my partner about sex. (Yes/ No/ No Partner)</i>			
...				
22	<i>Being a teen parent makes it harder to reach your goals. (True/ False)</i>			
...				
30	<i>I know how to put on a condom correctly. (True/ False)</i>			

4. Finalize the outcome evaluation instrument

You've created the measures. Now, it's time for you and your work group (or a dedicated subcommittee) to build the instrument itself. The design and collection methods will help drive the creation process (see <http://www.socialresearchmethods.net/kb/surv writ.php> for some tips).



Save it

Save the instrument(s) with any materials you've collected for completing this step.

5. Identify the sample and set the evaluation frequency

Before you implement your program and conduct your evaluations, you need to define your sample and set the frequency of evaluation.

Sample size is typically based on the number of participants. If you are conducting intervention activities with 50 high school students and using a pre-/post-test design, then you will likely be assessing all the participants in your program. If you decide to add a comparison or control group to your design, then you'll assess everyone in each group (approximately 100 students).

If you're conducting a community-wide program or a media campaign of some kind, it's not possible to assess everyone, so you'll need to survey a sample of the overall population. Keep in mind that the larger and more representative the sample is of the overall population, the more confidence you can have about claiming that the results apply to the overall population. Selection of samples is key — do it the same way for comparison/controls (see <http://www.socialresearchmethods.net/kb/surv writ.php> for some guidance)

Frequency of measurement depends on the design. We recommend you do at least pre- and post-tests. It's very useful to conduct additional post-test follow ups after several months to see whether the outcomes are sustained or if they drop off over time. You can build follow-up evaluations into your plan and survey your participants 3, 6, or even 12 months after they finish the program.

Enter the evaluation plan

Once you've identified your sample and determined the size, enter the information into the Sample and Frequency columns of the **Outcome Evaluation Planner**. It's okay to use the same sample and frequency for all of your measurements.



Pause – implement your program and process evaluation

Here's where you put the actual outcome evaluation on hold until you complete the program, which includes performing the Step 7 Process Evaluations. If you are using a pre-test, you will need to administer it just before the program starts. When the program ends, be ready immediately to begin measuring outcomes.



Resume Step 8

6. Conduct the outcome evaluation

The program has ended and you have returned to Step 8 to measure the outcomes. Administer your outcome evaluation according to your plan.

Enter totals

Each time you administer the outcome evaluation, enter the response totals for each measure on the **Outcome Evaluation** tool. Use a separate copy of the tool every time you survey your participants: pre-test, post-test, and each follow-up.



Tool

Use the **Outcome Evaluation** tool located on the CDC Teen Pregnancy website for compiling results from your survey instrument.

7. Analyze the data and report the results

It is important to use appropriate quantitative and qualitative analysis methods for your outcome data. When using quantitative data collection methods like surveys, it's common to use statistical methods like calculating averages and

frequencies. You might find it worthwhile to consult a data analysis expert to ensure appropriate technique and to use the most rigorous statistical methods possible for your data. A local university or community college or an evaluation firm could help you analyze your data or, use the tip sheet for basics.



Tip sheet ahead

The **Calculate Frequencies & Means** tip sheet on page 8-18 may help you with some of the analysis.



Enter results

As you gather and analyze the data, enter it into the appropriate columns of the **Outcome Evaluation** tool. Be sure to include information on the data analysis methods used to arrive at your scores and conclusions for each outcome.



Calculate Frequencies & Means

Frequency

Just as you might think, the statistical term *frequency* tells you how often something occurs. It's often presented as a percent (e.g., 40 boys in a mixed group of 80 youth = 50% boys). It is useful when you want to describe the range of responses to a question, such as a Likert item asking respondents to indicate their level of agreement (e.g., 25% strongly agree, 25% agree, 50% strongly disagree).

Mean

Mean is the average, one of the most common ways to look at quantitative data. To calculate the mean response for a survey question, add up the responses and divide the sum by the total number of persons.

If you have seven youths of various ages



18 17 18 14 14, 17, 16

Find their mean age by adding up the ages $18 + 17 + 18 + 14 + 14 + 17 + 16 = 114$
Then dividing the sum by the number of youths (7) $114 \div 7 = 16.29$

The mean age of the seven youths is 16.29 years

Post-test-only designs employ means to describe or compare results. Use them to

- Describe your group
The average response to the drug attitude question was . . .
- Compare your results to comparable existing data
The average number of times our high school seniors used alcohol in the last 30 days was higher than the national average.
- Compare results to a set threshold
The average score on the drug attitude question was higher than the state alcohol and drug commission standard.

Pre-Post-test designs let you compare the mean scores from the pre-test with those of the post-test. The comparison indicates the amount of change in some factor that occurred between the two tests. You can show differences using

- Mean difference
Average scores on the knowledge test rose by 22 points from 50 to 72 (out of a possible 100).
- Ratios or percent change [mean difference divided by the initial score, $22 \div 50 = .44$]
Average scores on the knowledge test rose 44%.



It's a fact

The t-test examines the distribution of scores to tell you if mean differences between two samples are statistically significant or not. Performing a t-test calls for a statistical analysis expert.

Pre-post-test with comparison or control group lets you compare the mean change over time (as above) with that of the other group. Comparing the mean score difference for each group helps you tease apart the impact of the program from other influences. If an average score for the control group changes by an amount that is:

- Significantly less than the average participant score, you have evidence that the program is working

Average participant scores rose 44%; those of the control group rose 6%.

- About the same as the average participant score, you have an indication that the program has no effect or there may be influences outside your program impacting either group

Average scores for participants and controls rose 44% and 41%, respectively. The difference is not statistically significant.

Statistically more than the average participant score, you have an indication that the program has negative effect or there may be influences outside your program impacting either group. This should be explored further

- *Average scores for controls were 10 points higher than those of the participants.*



It's a fact

Comparing more than two sets of scores (or samples) calls for an analysis of variance (ANOVA) to see if the differences are significant. Consultation with someone with expertise in statistics is advised.

Interpretation

It is important to thoroughly think through the articulation of conclusions about the impact of the program. At this stage, you have data and information from both process and outcome evaluations, which should reveal the extent to which the program has actually affected the behaviors you set out to change. It's conceivable that you could provide a well-implemented program and still not achieve the positive outcomes you hoped for. Compare the data to what your BDI logic model says you were hoping to achieve. Look for patterns that indicate where change has occurred.

Interpreting the results helps you see what worked and what you need to change. Perhaps the original theory you developed isn't right for the population you are working with, or the dosage wasn't adequate for the program to have the desired impact. Process evaluation data can help you interpret your outcomes findings. Together, they will allow you will further assess the overall results of the program and potential changes you should consider in Step 9 Continuous Quality Improvement.

You might find it useful to charge an individual or small group with examining the data and conducting a review of the findings that can be presented to you and your staff for discussion. As with the quantitative analysis, this may be a place where you seek outside evaluation expertise to help you explain your findings.

Enter the findings

Once you interpret the data, enter the information into the final column of the **Outcome Evaluation** tool. You may require extra room on another sheet of paper to compile all the observations and interpretations.



Tool

The **Start at the End** tool found on the CDC website can help you sort through the information you have available to you to report to your stakeholders, community, youth, agencies, etc.

Reporting

We evaluate what we're doing because we want to know whether we're having an impact on the lives of the young people we're working with. Sharing our results in meaningful ways can have other useful effects. Accountability may even be a condition of receiving a grant.

Different groups of stakeholders are likely to care about different types of information. Young people and community members may be less interested in data than funders. You can use the **Start at the End Tool** to help decide what is called for.



FYN completes Step 8

FYN's program director worked with other agency staff familiar with evaluation activities to find existing tools that could be used to measure program performance and gather outcome data before, during, and after implementation. The work group inserted tasks, created a schedule for completion, and assigned persons responsible into the work plan for the outcome evaluation.

FYN decided that it would be easiest to use pre-and-post self-administered surveys and participant observation as the main collection methods. They also debriefed adult and youth facilitators right after each session to capture their observations. Comments went into an online journal that the peer facilitators set up to track the program from week-to-week.

The state grant that funded the program required a 12-month follow-up survey. FYN was able to borrow an existing copy of a similar survey from another community using MPC and tailor it for its own needs.

Some process evaluation data, such as tracking participant dosage, helped inform outcome evaluation. When FYN analyzed the results of the outcome evaluation, they found that there were increases or positive changes in participant knowledge, skills, and attitudes. FYN did not have as much success capturing meaningful data about changes in behaviors.

Using the information gathered in the Start at the End reporting template, FYN also developed a short plan for sharing the results of its evaluation with other stakeholders including those in its own agency.



Outcome Evaluation

Meas. #	Response Totals	Part. pre/post mean Comp. pre/post mean	Mean Diff	Interpretation
1	Pretest Never 97% with 3% leaving question blank Post test Never 100% with 100% reporting	97%./ 100%	3%	Despite a 3% increase reporting abstinence, interpret with caution, because 3% did not answer the question at baseline. However, at post-test, 100% responded.
2	Pretest correct 70% Post test correct 97%	70% / 97%	27%	27% increase in knowledge of HIV/STI prevention, transmission and protection
....				
8	Pretest yes 11%, no 13%, no partner 76% Post test yes 18%, no 3%, no partner 78%	Yes 11% / 18% No 13% / 3% No partner 76% / 78%	7% 10% 2%	The majority reported no partner at both pre- and posttest. Of those with a partner, there was a 7% increase in reported knowledge of problem solving/ negotiation from those who reported some knowledge at baseline of communication about sex, and a 10% decrease in the number of participants who reported that they did NOT have such knowledge.
...				
22	Pretest correct 95% Post test correct 98%	Correct 95% / 98%	3%	Small increase in understanding
...				
30	Pretest affirmative 15% Posttest affirmative 96%	Yes 15% / 96%	81%	There was an 81% positive difference in participant skills and self-efficacy in putting on a condom correctly.

Applying Step 8 when you already have a program

If you are already implementing a program and don't have an outcome evaluation in your plan, it's still important for you to perform one. In this case, you may be limited to a post-test-only design. You may also find it helpful to review the content in this chapter with the goal of applying the information to improving your evaluation of your program when you implement it again.

CQI and sustainability at this stage

Getting good results serves everyone's best interests, most importantly those of the young people with whom you work. Clearly understanding how you got the program's results is also vital to maintaining ongoing efforts. Process and outcome evaluations will reveal what worked and didn't work so you can repeat your successes, correct missteps, and improve your implementation.

Lessons learned

Ask yourself these questions about the evaluation processes:

Do we need to demystify evaluation?

Some aspects of evaluation can be technical or best handled by an experienced evaluator. Nonetheless, program staff or volunteers, including youth, can participate in many types of evaluation. Sometimes the hardest part is just reassuring people that evaluation uses existing skills and familiar data-gathering activities.

Do we need to expand our evaluation methods?

No single instrument or tool can tell you everything you need to know about program performance. Employing multiple methods will reveal different aspects of the results. You can train staff in such techniques as tracking observations in online journals. Teaching survey techniques to youth can improve response rates even as it gives them new skills and confidence.

Do we need to make evaluation more routine?

Consider integrating new methods and skills you develop for process and outcome evaluations into your organization. Integrating monitoring processes for implementation and evaluation has been shown to boost program sustainability potential.



Save it

Keep taking notes about your findings in the Lessons Learned tool.

Getting ready for Step 9



Congratulations! You've implemented a teen pregnancy prevention program and evaluated it. You probably have an idea at this point of the program's success at achieving the outcomes your work group identified. The final two steps in this process will help you reflect on what you've done, fine-tune your work before you conduct your program again, and bring together ideas for sustaining your work.