

# Evaluation of a Sexual and Reproductive Health Peer Education Curriculum for North Carolina Latino Adolescents

Jill Mead, Lexie Perreras, Chelly Richards, and Anna Stormzand

Capstone partner organization: El Pueblo, Inc.

Preceptor: Florence Simán, MPH

Faculty advisor: Clare Barrington, PhD, MPH



*On our honor, we neither gave nor received unauthorized aid on this assignment.*

## Acknowledgements

The El Pueblo Capstone team would like to acknowledge mentorship received from the Department of Health Behavior Capstone teaching team, Megan Landfried, Christine Agnew-Brune, Melissa Cox, and our faculty advisor, Dr. Clare Barrington. We would like to thank our preceptor, Florence Simán; *Nuestros Derechos sin Fronteras* facilitator, Tania Durán-Espino; and past facilitator, Carol Flores-Hodgman; for their generous support, time and assistance over the past year. We would also like to thank the El Pueblo, Inc. staff for opening their doors and providing resources for our collaboration. We would like to acknowledge the Department of Health Behavior for financial assistance and staff members, Laura Pearson and Robin Perkins, for providing logistical support. We are thankful for the statistical assistance of Dr. Mike Bowling. We are very appreciative of previous El Pueblo Capstone teams, especially the 2011-2012 Capstone team, who revised the *Nuestros Derechos sin Fronteras* curriculum. Lastly, we offer a very sincere thank you to *Derechos sin Fronteras* participants and their parents who donated their time and energy towards the *Derechos sin Fronteras* program.

## Acronyms

Acronym	Definition
<b>MPH</b>	Master of Public Health
<b>DsF</b>	Nuestros Derechos sin Fronteras
<b>EBI</b>	Evidence-based Intervention
<b>HB</b>	Health Behavior
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSL</b>	Health Sciences Library
<b>IRB</b>	Institutional Review Board
<b>SEF</b>	Socio-ecological Framework
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually-transmitted Infection
<b>UNC</b>	University of North Carolina at Chapel Hill
<b>YLA</b>	Youth Leadership Academy
<b>YRBSS</b>	Youth Risk Behavior Surveillance System

## Executive Summary

Latino adolescents in North Carolina face multiple sexual and reproductive health (SRH) challenges compared to their non-Latino peers, consistently reporting increased risky sexual health behaviors, higher rates of unplanned pregnancy and higher rates of sexually-transmitted infections (STIs). While evidence-based SRH interventions exist for adolescents in the United States, few are tailored for Latino adolescents and the challenges they may face. Though approaches such as peer education and advocacy skills have proven effective in SRH interventions to decrease risk of adverse SRH health outcomes, few adolescent SRH programs incorporate these tools for increasing curriculum reach beyond program participants. El Pueblo, Inc., a Latino services and advocacy organization based in Raleigh, NC, sought to fill this need by developing *Nuestros Derechos sin Fronteras* (DsF) in 2009. DsF is a human rights-based curriculum that addresses SRH among Latino adolescents.

In 2012, El Pueblo requested the assistance of a University of North Carolina (UNC) Health Behavior (HB) Capstone team to develop and implement a formal evaluation of DsF. The evaluation of DsF had three goals: 1) improve the DsF curriculum, 2) demonstrate DsF effectiveness, and 3) enhance DsF sustainability. To this end, the Capstone team reviewed existing quantitative and qualitative evaluation tools and created new evaluation materials as needed. Next, the Capstone team created a database to manage DsF evaluation data. Once evaluation materials and the database were completed, the Capstone team implemented the evaluation in collaboration with El Pueblo staff. Finally, the results of this evaluation were analyzed and compiled into a report and used to revise a funding guide that aids El Pueblo in writing grant proposals to sustain its youth SRH programs.

Through its work with El Pueblo, the 2012-2013 Capstone team gained experience with evaluating public health programs in a real-world setting. This experience included the use of quantitative and qualitative evaluation methods and increased knowledge about adolescent SRH education and program development. The Capstone team also gained exposure to the non-profit landscape in Raleigh, North Carolina, including the funding environment and resources available from supporting organizations. By collaborating with El Pueblo, the Capstone team established an effective and sustainable DsF evaluation process and identified additional funding sources to support youth SRH programs at El Pueblo. More broadly, the deliverables created by this Capstone project have the potential to establish DsF effectiveness, institutionalize DsF evaluation protocol, and facilitate dissemination of DsF throughout North Carolina.

## **Table of Contents**

Acknowledgements.....	i
Acronyms.....	ii
Executive Summary .....	iii
Introduction.....	1
Background.....	3
Deliverables.....	7
Discussion .....	13
Appendix A. Evaluated Latino Adolescent Sexual and Reproductive Health Programs.....	26
Appendix B. DsF Conceptual Model .....	29
Appendix C. DsF Program Evaluation Conceptual Model.....	30
Appendix D. 2012-2013 El Pueblo Capstone Team Gantt Chart .....	31

## **Figures and Tables**

Figure 1. El Pueblo Capstone Logic Model for DsF Evaluation.....	2
Table 1. Deliverable I.....	8
Table 2. Deliverable II.....	9
Table 3. Deliverable III.....	11
Table 4. Deliverable IV .....	12
Table 5. Stakeholder Engagement.....	14

## Introduction

The following is a summary report of the 2012-2013 University of North Carolina at Chapel Hill (UNC) El Pueblo Capstone project. The Capstone project entails a combination of academic and field experience completed over the final two semesters of the Master of Public Health (MPH) program in the Department of Health Behavior (HB) at the UNC Gillings School of Global Public Health. The 2012-2013 UNC El Pueblo Capstone team consisted of four MPH students. Under the mentorship of the teaching team, faculty advisor, and community partner, the student team drafted a work plan and submitted the proposed project work to the UNC Institutional Review Board (IRB) for approval. The submission did not constitute human subjects research as defined by federal regulations and approval was deemed unnecessary by the IRB. The Capstone team produced a set of four deliverables intended to meet the needs of El Pueblo and its target audience. The goals of this project were to demonstrate DsF effectiveness, improve the DsF curriculum, and enhance DsF sustainability.

El Pueblo, Inc. (referred to in this report as “El Pueblo”) is a statewide non-profit organization in North Carolina dedicated since 1994 to strengthening and empowering this growing population. Though based in Raleigh, the organization has a broad service area concentrated in Wake, Orange, Durham, and Chatham counties. In addition to programs focused on education, public safety, and civic participation, El Pueblo also has several health programs focused on improving the health of the Latino community.

Since 2009, El Pueblo has worked with four groups of MPH Capstone students. In 2012, El Pueblo requested the assistance of the current Capstone team in evaluating their youth sexual and reproductive health (SRH) program. This group was the third to work on the organization’s youth SRH program, *Nuestros Derechos sin Fronteras* (DsF), or Our Rights Have No Borders. El Pueblo developed DsF in partnership with Ipas, a North Carolina-based reproductive health organization and the curriculum was revised by the 2011-2012 El Pueblo

Capstone team. Designed for Latino adolescents ages 11 to 18, DsF combines information about SRH and rights with activities designed to empower youth to become peer educators in their communities. DsF was designed to be linguistically and culturally appropriate for Latino adolescents in North Carolina.

The Capstone team established an evaluation process for DsF and assisted El Pueblo in seeking future funding opportunities to ensure program sustainability. The logic model below (Figure 1) provides an overview of project inputs, activities, and expected outcomes and impacts of the DsF implementation. Key inputs included the DsF curriculum and existing evaluation materials, mentorship and guidance from several individuals, and research skills from HB training. The Capstone team developed new evaluation tools, implemented the evaluation, and analyzed the data. Results were used to develop a report and update a funding guide. The outcomes and long-term impact of this work included: changes in participant SRH knowledge, attitudes, and behaviors; a more effective DsF curriculum; and institutionalization of a DsF evaluation process.

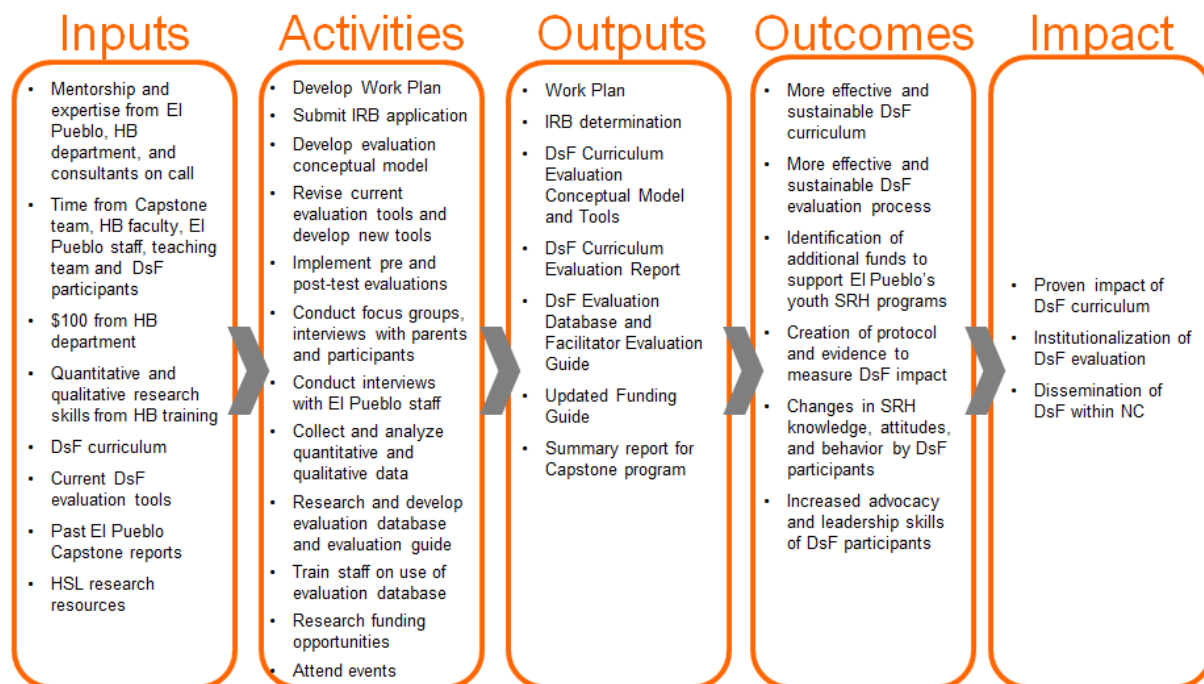


Figure 1. El Pueblo Capstone Logic Model for DsF Evaluation

Key: North Carolina (NC)

This summary report begins with a Background section, which establishes a rationale for the project and identifies current methods targeting youth SRH in Latino communities. The Deliverables section provides a detailed overview of the project work including activities undertaken for completing the team's work and recommendations relevant to project implementation and maintenance. Finally, the Discussion section explains strengths and limitations of the project approach, describes the project's impact on El Pueblo and Latino youth SRH, and provides recommendations for project sustainability.

## **Background**

### ***Latino Youth SRH: Risk Behaviors and Outcomes***

Nationwide, a high proportion of adolescents engage in risky SRH behaviors (Centers for Disease Control and Prevention, 2012a). The 2011 National Youth Risk Behavior Surveillance System (YRBSS) reported that almost half (47.4%) of high school students engaged in sexual intercourse and among those students, 40% did not use a condom during their last sexual intercourse (Centers for Disease Control and Prevention, 2012a). Data from the 2011 National YRBSS indicated that the percentage of sexually active Latino adolescents was comparable to the national percentage for all adolescents; however, 18.5% of Latino adolescents reported not using any method of pregnancy prevention, a higher percentage than White (10%) or Black adolescents (13.3%) (Centers for Disease Control and Prevention, 2012b). The Latino population of North Carolina has grown very quickly, increasing by 111% between 2000 and 2010 (United States Census Bureau, 2011). Within North Carolina, adolescents were more likely to be sexually active and less likely to use condoms than their peers in other states (Adolescent Pregnancy Prevention Campaign of North Carolina, 2012; Centers for Disease Control and Prevention, 2012a). Latino adolescents in North Carolina were also more likely to have multiple sexual partners (defined as four or more persons) compared to their White counterparts (Department of Health and Human Services, 2011).



Outcomes related to risky SRH behaviors, such as unintended pregnancies and sexually-transmitted infections (STIs), have a negative impact on the health of adolescents in the United States (Cardoza, Documet, Fryer, Gold, & Butler, 2012; Centers for Disease Control and Prevention, 2011; Centers for Disease Control and Prevention, 2012a; Frost & Driscoll, 2006). In 2011, adolescents ages 15 to 24 comprised almost half of the 19 million new cases of the eight most prevalent STIs reported annually nationwide (Bakker et al., 2011; Weinstock, Berman, & Cates, 2004). Latino adolescents in particular experience a disproportionate burden of negative SRH outcomes. Nationally, Latina adolescents had twice the rate of abortions and STIs than White adolescents (Centers for Disease Control and Prevention, 2011; Guttmacher Institute, 2012). Latinos in North Carolina experienced a Human Immunodeficiency Virus (HIV) infection rate nearly four times as high as that of White respondents between 2004 and 2008 (State Center for Health Statistics and Office of Minority Health and Health Disparities, 2010). Furthermore, the 2011 North Carolina YRBSS found that the pregnancy rate for Latina adolescents ages 15 to 19 was 82.7 births per 1,000 females, compared to 34.4 and 49.7 births per 1,000 among White and all female adolescents, respectively (Adolescent Pregnancy Prevention Campaign of North Carolina, 2012). This disparity in SRH outcomes suggests a need for SRH interventions designed for Latino adolescents in North Carolina.

### ***Current Approaches Targeting Latino Youth SRH Behaviors***

Currently, several evidence-based interventions (EBIs) related to SRH target Latino adolescents (Appendix A). According to the Division of HIV/AIDS Prevention (n.d.), EBIs “are based on direct, high-quality, empirical evidence that demonstrates a reduction in HIV/STD incidence, reduced HIV-related risk behaviors, reduction in HIV viral load, or improvement in HIV medication adherence behaviors.” These programs vary according to intended outcomes, target audience characteristics, content, duration, intensity, delivery methods, and intended settings. They also operate at different levels of the Socio-ecological Framework (SEF) (Cardoza, Documet, Fryer, Gold, & Butler, 2012; Fernández-Santos et al., 2011). The SEF

indicates that factors at the individual, interpersonal, organizational, community and public policy levels interact to influence health-related behaviors. According to the SEF, health behaviors are a product of the interaction between the individual and his/her physical and socio-cultural environment, and only those interventions which affect the individual and their environment simultaneously are sufficient to lead to long-term health behavior change (Sallis, Owen, and Fisher, 2008). However, existing EBIs targeting SRH among Latino adolescents focus mainly on individual and interpersonal level factors (Cardoza, Documet, Fryer, Gold, & Butler, 2012; Fernández-Santos et al., 2011). The lack of interventions at the organizational, community, and policy levels indicates a deficiency in available interventions that target multiple levels of the SEF. This is important given that Latino adolescents encounter barriers that hinder their ability to engage in SRH protective behaviors at all levels of the SEF.

### ***Peer Education among Latino Youth***

Peer education refers to the use of a self-identified group of individuals to educate others within the same group and who often share similar socio-demographic characteristics and exposures throughout the life course (Sciacca, 1987 as cited in Milburn, 1995). Practitioners use peer education within a range of settings to address several adolescent health behavior topics, including safer sexual practices, contraceptive usage, and healthy relationships (Harden, 2001; Sriranganathan, 2012; Turner, 1999). The rationale for including peer education initiatives in adolescent SRH programs assumes the cost-effectiveness of this approach, the credibility of peers as sources of information, and the use of established social relationships and means of communication (Harden, 2001; Turner, 1999). Peer education may be empowering for the educators themselves, providing meaningful responsibilities for youth participants (Harden, 2001; Turner, 1999).

Despite the wide use of peer education, limited research has evaluated this approach (Harden, 2001; Milburn, 1995; Sriranganathan, 2012). A systematic review of peer-delivered health programs for adolescents revealed seven of 12 quantitative studies provide support for

the impact of peer education on at least one behavioral outcome (Harden, 2001). Two of these interventions targeted sexual health in community-based settings (Harden, 2001). Ten of 15 qualitative studies reported positive appraisals of the peer education approach by program participants, of which two focused on sexual health programs implemented in community settings. Though literature on peer education is still emerging, current evidence suggests that adolescents have the capacity to serve as effective SRH peer educators.

A systematic review conducted by Cardoza and colleagues (2012) identified 15 culturally relevant SRH interventions for use among Latino adolescent populations. Of these, two included a peer education component: *The GIG* and *Poder Latino* (de Anda, 2008; Sellers, McGraw, McKinlay, 1994). Both interventions were designed to be administered by peer educators rather than train participants to assume that role in the future. Participants in *The GIG* displayed statistically significant increases in knowledge about STI and pregnancy risks and prevention ( $p < .001$ ) (de Anda, 2008). Among *Poder Latino* participants, HIV-infection risk was reduced by 9% and 15% for males and females, respectively (Sellers, McGraw, McKinlay, 1994). Males in the intervention group were less likely to become sexually active than those in the comparison group (OR = 0.08,  $p = .011$ ). Females in the intervention group were less likely to have multiple partners at follow-up than females in the comparison group (OR = 0.06,  $p = .005$ ) (Sellers, McGraw, McKinlay, 1994). Therefore, *The GIG* and *Poder Latino* reported positive outcomes for peer-delivered SRH youth interventions.

Conversely, another systematic review of behavioral interventions targeting HIV risk among Latinos reported greater efficacy among interventions delivered by non-peer facilitators in reducing sexual risk behaviors (Herbst, 2007). It is important to note that the majority of studies included in the review focused on adults rather than adolescents. However, for adolescents, research suggests the peer group is an influential force that plays an important role in emotional development. Thus, peer educators may be more effective at reducing risky SRH behaviors among adolescent Latino populations compared to other age groups.

## ***Nuestros Derechos sin Fronteras***

Currently, no evidence-based Latino SRH program exists to develop adolescent capacity to act as peer educators and advocate for SRH. DsF is novel in its focus on increasing the capacity of Latino adolescents to serve as peer educators and emphasizes advocacy and media skills (see Appendix B for a conceptual model of the DsF curriculum). By increasing the peer education and advocacy capacities of its participants, DsF may influence factors at higher levels of the SEF, such as social norms and policy. Consequently, evaluation of the DsF curriculum is crucial for filling an important gap in the evidence base in addition to measuring program implementation and program impact on DsF participants (see Appendix C for the conceptual model guiding the DsF evaluation).

The 2012-2013 El Pueblo Capstone team evaluated the effectiveness of the DsF program in the development of Latino youth SRH peer educators. This evaluation creates a standard procedure for El Pueblo to measure DsF impact, enhance program sustainability, and lead to program dissemination within North Carolina. More broadly, this work laid the foundation for assessing whether peer education in this context leads to greater diffusion of positive program effects at the individual, interpersonal, and community levels of the SEF.

## **Deliverables**

The Capstone team produced four deliverables during the two semesters in which they worked with El Pueblo (see Appendix D for a project timeline). These deliverables were developed from the Capstone team's scope of work outlined in the work plan and reviewed by the Capstone team's preceptor, faculty adviser, Capstone teaching team, and the DsF facilitator throughout the year. The first deliverable consisted of two conceptual models as well as the qualitative and quantitative evaluation tools. The conceptual models guided the Capstone team in understanding and illustrating the logic behind DsF and the evaluation of the program to be undertaken. With the logic for the program and evaluation established, the team modified the

qualitative and quantitative evaluation tools created by the previous Capstone team, developed new tools when necessary, and pilot tested these evaluation tools with a past DsF participant. DsF staff and the Capstone team utilized these tools to conduct the process and outcome evaluations of the DsF implementation. Data gathered using the evaluation tools informed the second deliverable, an evaluation report, which summarized the findings of the evaluation of the DsF curriculum. The third deliverable addressed the management and sustainability of data collected through the evaluation. The team developed a database and a corresponding facilitator evaluation guide to create a protocol for the collection, storage, and accumulation of data for future DsF implementations. The fourth and final deliverable was an updated funding guide. Developed by the previous Capstone team, the funding guide will assist El Pueblo in securing future funding for their health-related programs, including DsF. Tables 1 to 4 provide detailed descriptions of all four deliverables.

**Table 1. Deliverable I**

DsF Curriculum Evaluation Conceptual Model and Tools	
<b>Format</b>	Two conceptual models; four hard-copy and electronic questionnaires; nine hard-copy and electronic module implementation checklists; two semi-structured interview guides; two semi-structured focus group guides.
<b>Purpose</b>	To illustrate the rationale for conducting process and outcome evaluations for the revised DsF sexual reproductive health curriculum and develop instruments to measure program results for use by El Pueblo staff.
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Identified intended use and users of the evaluation.</li> <li>• Drafted DsF conceptual model.</li> <li>• Drafted conceptual model for evaluation of DsF.</li> <li>• Reviewed existing evaluation tools created by 2011-2012 Capstone team.</li> <li>• Matched outcome evaluation questions to curriculum content to ensure adequate measurement of core curriculum concepts.</li> <li>• Revised and drafted four quantitative questionnaires.</li> <li>• Pilot tested revised quantitative questionnaires with one former DsF participant.</li> <li>• Facilitated translation of quantitative questionnaires into Spanish.</li> <li>• Developed nine module implementation checklists based on the dimensions of curriculum implementation that needed to be evaluated (number of participants, required preparation and activity time, fidelity to curriculum, and participant satisfaction).</li> <li>• Created four quantitative codebooks for evaluation questionnaires.</li> </ul>

	<ul style="list-style-type: none"> <li>• Developed two focus group guides for use with participants and parents of participants.</li> <li>• Developed two interview guides for use with participants and DsF facilitator.</li> <li>• Implemented outcome evaluation tools with DsF participants, parents of participants, and DsF facilitator.</li> <li>• Shared evaluation tools with DsF facilitator and Health Program Director for future evaluation implementations.</li> </ul>
<b>Key Findings</b>	<ul style="list-style-type: none"> <li>• Development of the conceptual model for the evaluation of DsF assisted the Capstone team to focus on the constructs that they wanted their evaluation to measure and understand the context of their work.</li> <li>• Involving program staff and program participants throughout evaluation tool development ensured appropriateness of language, content, and format.</li> <li>• Program participant feedback was essential to ensure truly “user-friendly” tools.</li> </ul>
<b>Recommendations</b>	<p>DsF facilitator should:</p> <ul style="list-style-type: none"> <li>• Avoid altering the quantitative tools and administer the same four questionnaires with each DsF implementation.</li> <li>• Review and revise qualitative tools as needed to collect data of interest from interviews and focus group discussions.</li> <li>• Pilot test new or revised qualitative tools with former participants when possible prior to implementation.</li> <li>• Provide quantitative and qualitative evaluation tools in Spanish for those who are more comfortable with Spanish.</li> </ul>

**Table 2. Deliverable II**

<b>DsF Curriculum Evaluation Report</b>	
<b>Format</b>	43-page narrative report; one-hour PowerPoint presentation (37 slides)
<b>Purpose</b>	To summarize process and outcome evaluation findings from the implementation of the revised DsF sexual reproductive health curriculum and share them with El Pueblo staff.
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Attended Fall DsF sessions (one Capstone team member at each session).</li> <li>• Collected module implementation checklists from DsF facilitator following each DsF session.</li> <li>• Administered and collected the four quantitative questionnaires from DsF participants prior to and post DsF curriculum implementation.</li> <li>• Entered and managed quantitative data using Deliverable III.</li> <li>• Attended DsF Celebration (final session of program) with DsF participants and parents of DsF participants.</li> <li>• Conducted one focus group with 10 DsF participants at DsF Celebration.</li> <li>• Conducted one focus group with 15 parents of DsF participants at DsF Celebration.</li> <li>• Conducted two interviews with DsF participants at DsF Celebration.</li> <li>• Conducted one interview and reviewed module implementation checklists with DsF facilitator following DsF implementation.</li> </ul>

- Reviewed audio recordings and hand written notes of focus group discussions and interviews.
- Took notes in pairs to record observations, themes, and relevant quotes and created matrices.
- Extracted major themes from qualitative interviews and focus groups in pairs and created visual displays of the data by theme.
- Conducted analysis for process evaluation using module implementation checklists, focus groups, and interview data.
- Conducted statistical analysis for outcome evaluation using pre- and posttest results from four quantitative questionnaires.
- Created matrices using pre- and posttest outcome data to assess change over time in indicators.
- Discussed qualitative and quantitative analysis methods with Health Behavior professors.
- Drafted Evaluation Report (Background and Purpose, Evaluation Methods, Results, Discussion, Conclusions and Recommendations).
- Drafted Executive Summary and compiled references and appendices for Evaluation Report.
- Presented evaluation findings and recommendations in PowerPoint format to DsF facilitator and Health Program Director and solicited feedback.
- Incorporated feedback into report.
- Shared final evaluation report with DsF facilitator and Health Program Director.

**Key Findings**

- Follow-up with participants to conduct additional interviews by phone was a challenge for El Pueblo staff and Capstone team.
- Small number of program participants (10) precludes ability to draw statistical conclusions from data at this time; quantitative data was interpreted using qualitative methods.
- Entire curriculum was not implemented (five out of the eight modules were implemented) during this DsF cycle, therefore, this limits the generalizability of the evaluation findings.
- Evaluation was impacted by program fidelity and this may have resulted in limited changes in participants' knowledge, attitudes, and behaviors.
- Process evaluation provided useful data for understanding outcome evaluation results.

**Recommendations**

- DsF facilitator should:
- Implement the full DsF curriculum (eight modules) according to protocol in order to fully evaluate the revised curriculum.
  - Continue to administer the same outcome evaluation questionnaires with each DsF implementation to ensure the collection of comparable data over time.
  - Ensure one hour each during the introduction and final sessions to administer the four pre- and posttest questionnaires.
  - Ensure continued collection of evaluation data at all four time points to observe maintained changes in knowledge, attitudes, and behaviors attributable to DsF:

- Before DsF implementation during the Introduction Session.
  - After DsF implementation during DsF Celebration
  - Upon the conclusion of YLA
  - Six months after YLA.
  - Continue to complete the module implementation checklists after each DsF session to collect data useful for improving program delivery.
  - Explain the importance, purpose, and process of evaluations to participants, parents and co-facilitators and ensure their understanding prior to conducting the pre- and posttests.
  - Solicit participant feedback regarding the evaluation process to avoid adverse feelings towards completing the questionnaires and make process user-friendly.
- DsF facilitator and Health Program Director should:
- Establish multiple means by which to maintain contact with participants and administer the follow-up tests. For example, collecting phone numbers and email addresses or creating a Facebook group.
  - Continue to collect qualitative data through focus groups, interviews, and module implementation checklists with staff and other facilitators, participants, and parents when appropriate.
  - Discuss and utilize outcome and process evaluation results on an annual basis to revise and improve DsF curriculum.
  - Begin to think about ways to measure the impact of peer education and the long-term impacts of DsF over time with participants, peers, and communities, such as interviewing peers of DsF peer educators.
- EI Pueblo Staff:
- As an organization, need to commit resources and time to annual evaluation of all health programs.
  - Incorporate DsF evaluation findings into other health programs.
  - Once evaluations of DsF demonstrate effectiveness, DsF should be disseminated throughout North Carolina and other Latino-serving organizations.

**Table 3. Deliverable III**

DsF Evaluation Database and Facilitator Guide to Evaluation	
<b>Format</b>	Five online Google surveys; one database of Google spreadsheets; nine-page facilitator evaluation guide
<b>Purpose</b>	To provide a mechanism for collecting DsF outcome evaluation data for use by EI Pueblo staff and a facilitator guide for data collection.
<b>Activities</b>	<ul style="list-style-type: none"> <li>● Met with EI Pueblo staff and assessed long-term data collection priorities and needs.</li> <li>● Researched database options and created a spreadsheet with database recommendations tailored to EI Pueblo’s needs and capacity.</li> <li>● Shared database options spreadsheet with EI Pueblo staff.</li> <li>● Created Google survey documents, database and spreadsheets for storage and analysis of quantitative data.</li> </ul>



	<ul style="list-style-type: none"> <li>Entered data from quantitative evaluations (pre- and posttests) into Google database.</li> <li>Wrote facilitator evaluation guide to assist DsF facilitator to implement evaluations, store, and analyze data using the Google tools.</li> <li>Conducted one-hour presentation on Google database use and facilitator guide with DsF facilitator and Health Program Director.</li> <li>Shared Google database and facilitator guide with DsF facilitator and Health Program Director.</li> </ul>
<b>Key Findings</b>	<ul style="list-style-type: none"> <li>EI Pueblo staff desired a database to track participation in programs over time and to communicate with community members and sponsors.</li> <li>Few low-cost databases/programs/software exist that can perform the data storage and analysis needed by EI Pueblo.</li> <li>Google Forms (offered free of charge within Google Drive) provided the most systematic methods to reduce input errors and accidental deletion of data.</li> <li>Analysis formulas had to be researched, created, and manually entered into the database and may be cumbersome for future evaluations.</li> <li>Consulting with a statistician or individual familiar with statistical analysis is necessary to properly make statistical inferences based on questionnaire responses.</li> <li>The Google database provides data storage and can be used to accumulate data from many implementations of DsF.</li> </ul>
<b>Recommendations</b>	<p>The DsF facilitator and Health Program Director should:</p> <ul style="list-style-type: none"> <li>Follow the facilitator evaluation guide protocols on data collection, storage, and analysis.</li> <li>Continue to utilize the Google database to enter, store and analyze evaluation data each DsF implementation in order to build a body of evidence that supports DsF's effectiveness.</li> <li>Consult a statistician in the future to help with data analysis and interpretation of results.</li> <li>Draw from the evaluation findings to advocate for future funding for DsF.</li> <li>Work with an organization experienced with data management to set up a database for EI Pueblo to track services and participant involvement in all programs.</li> </ul>

**Table 4. Deliverable IV**

Updated DsF Funding Guide	
<b>Format</b>	41-page narrative guide
<b>Purpose</b>	To summarize potential funding resources for ensuring DsF program sustainability at EI Pueblo.
<b>Activities</b>	<ul style="list-style-type: none"> <li>Reviewed funding guide created by 2011-2012 Capstone team and brainstormed revisions.</li> <li>Reviewed former funders' priorities, guidelines, and time frames.</li> <li>Contacted consultants-on-call for other potential funding sources.</li> <li>Researched new funding opportunities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Updated funding guide with new boilerplate language from qualitative evaluation results.</li> <li>• Updated funding guide with recent statistics from literature review.</li> <li>• Updated funding guide with new and existing funder information.</li> <li>• Shared updated funding guide with DsF facilitator and Health Program Director for future use seeking funding.</li> </ul>
<b>Key Findings</b>	<ul style="list-style-type: none"> <li>• It was necessary to update and add new funding sources from the previous year’s guide to make the document current and accurate.</li> <li>• While the funding environment is competitive, there are local funders in North Carolina, as well as nationally, that are interested in funding youth, reproductive health, and Latino-focused programs.</li> <li>• Updating the funding guide further strengthens El Pueblo’s ability to request and receive funding for DsF.</li> </ul>
<b>Recommendations</b>	<p>The DsF facilitator and Health Program Director should:</p> <ul style="list-style-type: none"> <li>• Update the funding guide annually with new information about existing funders as well as potential new funders.</li> <li>• Insert new DsF participant and parent quotes to the funding guide each year.</li> <li>• To increase funding efforts and increase sustainability, continue to evaluate DsF with each implementation to create supporting evidence needed for soliciting funds.</li> <li>• Continue to reach out to partners and similar organizations in the area to solicit ideas about potential funders.</li> <li>• Look for creative ways to fundraise through videos, testimonials, and online resources.</li> <li>• Work with outside organizations, such as the Ms. Foundation, and students from regional universities to identify potential funders.</li> </ul>

Through the development of these four deliverables, the Capstone team learned first-hand about the time and effort that goes into successfully developing and implementing a program evaluation. We encourage our partner organization to utilize the findings and recommendations that the team lists above to further assist evaluation efforts in the future.

## Discussion

The efforts of the Capstone team and El Pueblo staff throughout the 2012-2013 academic year produced data to improve the DsF curriculum and enhance the program’s sustainability. Collaboration between the Capstone team and stakeholders was vital for successful completion of the deliverables. The DsF evaluation not only produced data that was useful for improvement of the DsF curriculum, but also developed a process for collecting data to assess the impact of SRH curricula targeting Latino youth. These efforts will assist in the

dissemination of the DsF program to other Latino-serving organizations throughout North Carolina in the future. By working with stakeholders, particularly the DsF facilitator and the El Pueblo Health Programs director, this project helped to institutionalize the DsF evaluation process within the organization. Additionally, the skills and knowledge acquired by members of the Capstone team during this year will prove invaluable as they continue their careers as public health practitioners.

### **Stakeholder Engagement**

A number of stakeholders were instrumental to the Capstone team’s work throughout this project. Beginning in the spring of 2012, the team collaborated with El Pueblo staff to develop a work plan that guided the team’s efforts throughout the academic year. Early in the fall semester, the team built relationships with El Pueblo staff members by attending events and meetings hosted by the organization. Over the course of DsF’s implementation from November to January, the team was able to spend time with DsF participants and become actively involved in DsF activities. Capstone team members were also able to meet with and receive valuable information from the parents of DsF participants and former DsF participants during the evaluation process. Despite these successes, the Capstone team did face limitations when engaging with some stakeholders, namely peers of DsF participants, the El Pueblo Board of Directors, and other local Latino-serving and youth SRH organizations. Table 5 details methods used to engage and work with different stakeholders, challenges faced by the team, and successful collaborations.

**Table 5. Stakeholder Engagement**

<b>Stakeholder</b>	<b>Engagement by Capstone team</b>	<b>Challenges</b>	<b>Successes</b>
<b>El Pueblo staff</b>	<ul style="list-style-type: none"> <li>• Volunteered at <i>La Fiesta del Pueblo</i> in September</li> <li>• Attended El Pueblo staff meeting in October</li> <li>• Met with key staff to determine database needs</li> <li>• Met staff during DsF</li> </ul>	Limited opportunities for team to become familiar with staff.	Team provided database recommendations to guide organization in addressing data storage needs. Team was able to

	implementation		respond to felt needs of El Pueblo staff.
<b>DsF staff</b>	<ul style="list-style-type: none"> <li>• Participated in bi-weekly meetings</li> <li>• Provided weekly updates; weekly email and phone contact</li> <li>• Co-facilitated activities during implementation with DsF facilitator</li> <li>• Conducted interview with DsF facilitator</li> <li>• Presented evaluation findings and solicited feedback together</li> <li>• Conducted training on DsF database</li> </ul>	Former DsF facilitator left program in late summer and new facilitator was not hired until the fall. DsF facilitator also worked on another youth SRH program and much of her time was devoted to getting that program started.	There was clear communication between team and DsF staff throughout the year. Team was able to collect valuable information to assist with the program recommendations from the DsF facilitator interview.
<b>DsF participants</b>	<ul style="list-style-type: none"> <li>• All members of the Capstone team attended the introduction session and at least one Capstone team member attended four of the five DsF sessions</li> <li>• Team attended the DsF Celebration in January</li> <li>• Conducted face-to-face interviews and focus groups with participants</li> <li>• Led icebreakers and some activities with DsF sessions</li> <li>• Administered pre- and posttest surveys with participants</li> </ul>	Team was not able to meet all the youth at introductory session (only three out of ten youth attended) so some participants may have been unclear about the Capstone team's role. Team also had to change roles often (evaluator, observer, and co-facilitator) which may have been confusing to participants.	Team had a consistent presence during DsF. Team got to know participants fairly well and, as a result, felt that they provided honest feedback during interviews and focus groups.
<b>Parents of DsF participants</b>	<ul style="list-style-type: none"> <li>• Met some parents during the introduction session</li> <li>• Met all parents during the DsF Celebration</li> <li>• Conducted a focus group with parents</li> </ul>	Difficult to develop rapport with parents since the majority did not attend the introduction session.	Team received very helpful feedback from parents during the focus group held at DsF Celebration.
<b>Former DsF participants</b>	<ul style="list-style-type: none"> <li>• Pilot tested quantitative evaluation tools with one former DsF participant</li> <li>• Co-facilitated activities with two former participants throughout DsF implementation</li> </ul>	Short time period for locating and administering the pilot test. Therefore, team was only able to test the tool with one former participant.	Team was able to build rapport with former participants during DsF implementation which future teams can build upon.
<b>Other North</b>	<ul style="list-style-type: none"> <li>• Solicited feedback through</li> </ul>	Organizations were	Team was able to

<b>Carolina Latino-serving organizations</b>	email from local SRH organizations for updates funding guide	not able to provide substantive funding information. This may have been due to time restraints as well as competing funding streams.	reach out to six people working on local SRH issues and promote dialogue between El Pueblo and their organizations.
<b>El Pueblo Board of Directors</b>	<ul style="list-style-type: none"> <li>• Sent an introduction email to the Board of Directors during the fall semester that detailed the purpose and work of the team</li> </ul>	Team was not able to attend a board meeting due to new board members and potential sensitivity of the SRH curriculum.	
<b>Peers of DsF participants</b>		Team did not have the opportunity to engage with peers of DsF participants. Impact on peers of DsF participants is a potential area that future teams could explore.	

***Knowledge and Experience Gained***

The Capstone project will inform each team member’s future work as public health professionals. The Capstone team was fortunate to have direct interaction with the DsF program and to gain experience working in public health programming for youth, SRH, and Latino health. This interaction gave the team the opportunity to experience the realities of program implementation and learn about obstacles and limitations that complicate implementation efforts. For example, the team observed how the DsF facilitator handled challenging group dynamics during implementation sessions, which gave them insight about how to develop and deliver interventions for adolescents. Team members also gained experience working directly with youth and observed the challenges that SRH interventions face in recruitment and implementation due to their sensitive subject matter. These firsthand observations allowed the Capstone team to develop a more nuanced understanding of the intervention’s context, implementation, and participants. Even though traveling to Raleigh required more of a time

commitment, it was invaluable for developing relationships that facilitated the evaluation efforts and for making observations that informed the team's recommendations.

The project also provided the opportunity to observe decision-making and resource allocation in a local nonprofit organizational setting. This allowed the Capstone team to learn about the challenge of evaluation in a real world setting where there were competing priorities. Throughout the year, the Capstone team worked creatively to resolve issues, including the need for a sustainable protocol for data storage and analysis, working around and within time and staff constraints, and determining user acceptability for the evaluation materials they developed. The team learned the importance of being prepared, yet flexible, for all types of situations that may arise and to navigate overlapping priorities within El Pueblo and between supporting organizations.

The development of project deliverables presented the Capstone team with a variety of learning opportunities. The Capstone team gained knowledge of and experience planning and conducting a program evaluation and learned a number of important lessons when developing their plan for the evaluation and the evaluation materials. First, the Capstone team members gained experience creating conceptual and logical frameworks for the intervention in order to understand what constructs would need to be evaluated. Once the team understood the intervention and constructs of interest, they gained experience developing questionnaires and codebooks for outcome evaluation data collection and analysis. The Capstone team also developed interview and focus group guides and module implementation checklists for process evaluation data collection. Throughout the process of soliciting feedback from El Pueblo staff, their faculty advisor, teaching team, and intended users (pilot testing), the Capstone team developed an appreciation for the iterative process of developing evaluation tools. This experience in developing the evaluation taught the team about the importance of adequately preparing for an evaluation, from the utility of creating evaluation plans and conceptual models to guide the process to the necessity of scheduling adequate time for full review and preparation

of all materials. Throughout the development of all deliverables, the Capstone team consulted with El Pueblo staff to inform them of their actions and solicit feedback with the goal of creating materials that would be feasible for El Pueblo to use in future evaluations. They also learned how important it is to gauge organizational readiness and capacity before initiating evaluation efforts in order to anticipate issues that may facilitate or complicate the evaluation process.

The Capstone team also learned lessons from the implementation of the evaluation. Although they attempted to anticipate all potential issues with evaluation tools through peer and expert review, other issues emerged during the evaluation process, such as confusion caused by the vocabulary, language, and format of the questionnaires, participant dissatisfaction with the questionnaires, and the time burden imposed by the outcome and process evaluation tools. Throughout the implementation of the evaluation, the Capstone team made note of these issues and addressed them to the extent possible without compromising the overall goals of the evaluation. The Capstone team solicited further feedback from El Pueblo staff, program participants, the teaching team, and their faculty advisor. These efforts helped to minimize facilitator and participant burden as much as possible. Therefore, even though Capstone team preparations demonstrated the importance of being prepared and anticipating future issues, the team's experience with implementing the evaluation taught them the importance of being flexible and continuing to modify their evaluation materials as necessary.

Once all evaluation data were collected, the Capstone team began the process of analyzing and synthesizing the results in order to develop recommendations for the improvement of subsequent implementations of DsF. Although the Capstone team was able to use quantitative and qualitative knowledge and skills learned during the first year of MPH program coursework, the team also sought outside expertise and knowledge to guide them in their analysis of the data. Through their experience with the evaluation, the team learned about how the lack of program fidelity complicated their ability to draw conclusions from outcome data. They also learned how process evaluation data can be used to explain outcome evaluation

results. These efforts provided a valuable experience in applying many of the lessons learned in the Health Behavior MPH program to a real-world setting where they had to discuss ambiguous results with committed stakeholders. Finally, the Capstone team developed a list of recommendations to improve the delivery and evaluation of future DsF implementations. The Capstone team shared their analysis and recommendations with El Pueblo staff, which gave them experience focusing their results around specific themes and topics.

### ***Impact of Capstone Work on Partner Organization***

The 2012-2013 Capstone team's work represents the first formal effort to demonstrate the effectiveness of the DsF curriculum. Even though the program was only partially implemented and outcome evaluation results were inconclusive, this first evaluation helped to establish a sustainable and user-focused evaluation process for future implementations for DsF. By collecting data on changes in participant knowledge, attitudes, and behaviors, El Pueblo will be able to demonstrate DsF's role in affecting the determinants of SRH and peer education behaviors for Latino adolescents in North Carolina. El Pueblo's demonstration of the program's effectiveness in changing SRH behaviors and outcomes will strengthen their ability to request funding for future programmatic efforts. Furthermore, favorable outcomes for the DsF program will contribute to the base of evidence regarding Latino adolescent SRH interventions and will lead to a curriculum that can be disseminated to organizations across the state. The process evaluation provided valuable information about the DsF program implementation and created a mechanism for improving the DsF curriculum and future implementations. The creation of the facilitator guide to evaluation will assist El Pueblo to evaluate subsequent DsF implementations and build a body of evidence of the program's effectiveness. Finally, an updated funding guide will further strengthen El Pueblo's ability to request and receive funding for continued support of El Pueblo's youth SRH programs.

### ***Impact of Capstone Work on Content Area***



A thorough review of relevant literature at the outset of this project indicated that DsF's approach, which combines culturally-appropriate SRH material with activities designed to empower youth to act as peer educators, has not been rigorously evaluated in any setting. By continuing to follow the outcome evaluation data collection protocols developed in cooperation with the Capstone team, El Pueblo will be able to accumulate an evidence base to demonstrate DsF's role in affecting the determinants of SRH and peer education behaviors for Latino adolescents in North Carolina. If El Pueblo can determine the effectiveness of their approach through program evaluation, their efforts will contribute to the base of evidence regarding SRH interventions targeted to Latino adolescents.

## ***Recommendations***

### ***DsF Evaluation***

An organizational commitment to continued evaluation of DsF is necessary to accumulate the evidence needed to determine and demonstrate program effectiveness. If future evaluation efforts yield more conclusive data, El Pueblo will achieve its goal of understanding the impact of the program on participants and their community, adding to the body of knowledge that supports this approach, and supporting efforts to achieve greater dissemination of DsF throughout North Carolina. To support this goal, El Pueblo staff implementing DsF should follow data collection, storage, and analysis protocols laid out in the facilitator evaluation guide developed by the Capstone team. All tools necessary to conduct process and outcome evaluations are available in English and Spanish in the evaluation tools document created by the Capstone team. Using the focus group and interview guides to collect qualitative evaluation data after each implementation cycle with participants and co-facilitators will generate data and recommendations that can be used to revise the DsF curriculum to make it more enjoyable and relevant for participants.

When delivering the outcome evaluation, the purpose and importance of evaluation should be explained to participants and parents during the first informational session and again

with participants just before administering pre- and posttests. Because of the sensitive nature of SRH topics and the need for confidentiality, DsF participants should be consulted on the best way to design and implement a DsF evaluation. It is important to impress upon the participants that all answers are confidential, that they are not being tested, and that evaluation helps to improve the curriculum and the program. Furthermore, the facilitator(s) should understand the evaluation process and its purpose. It is important that evaluation occurs and is administered the same way each time.

In addition to data collection efforts, El Pueblo should plan to discuss and utilize evaluation results on an annual basis to revise the curriculum and improve implementation. Furthermore, El Pueblo should reconsider the evaluation design periodically to assure that it is feasible and measures indicators for the constructs that they want to capture. Currently, only short and intermediate outcomes of knowledge, attitudes, self-efficacy, and behaviors are measured by this evaluation design. El Pueblo may want to consider designs that also measure long-term outcomes of interest, such as SRH behaviors and participants' impact on their broader community as peer educators. Adding these additional measures would potentially generate further evidence of the efficacy of the DsF program. To adequately evaluate long-term outcomes, El Pueblo needs to develop an evaluation plan that outlines goals and objectives, indicators, and data collection methods for these measurements.

Ensuring fidelity to the DsF curriculum is important for the purposes of successfully evaluating this program. By teaching all curriculum materials as planned in the curriculum, El Pueblo will be able to measure the full impact of the intervention. Additionally, due to the small group format, it might be necessary to analyze aggregated data from implementation sessions, but this is only possible if the intervention is delivered with fidelity across sessions. The training of DsF facilitators and routine completion of the module implementation checklists after each session will ensure greater uniformity in program delivery over multiple implementation cycles by creating a record of which activities were implemented.

### *Future work*

The Capstone team had several ideas for future projects that could facilitate the delivery of DsF. For example, a DsF train-the-trainer manual could be written to support the training of future facilitators. Developing additional training protocols for new staff and facilitators would also ensure better preparation and uniformity across DsF implementations. One future evaluation activity suggested by the Capstone team is the development of an evaluation plan to assess the long-term impact of DsF. This evaluation plan can be created and implemented in conjunction with measurements already being collected with the current evaluation tools. Once evidence of effectiveness can be demonstrated, El Pueblo could create a dissemination plan detailing ways in which to implement DsF within SRH programs for Latino youth in North Carolina. Finally, funding is critical to sustainability of DsF. Funding will ensure the curriculum is provided for future cohorts of DsF participants and that evaluation data will continue to strengthen the evidence of effectiveness . Therefore, El Pueblo should continue to develop funding strategies and guides to ensure DsF's continued success.

## References

- Adolescent Pregnancy Prevention Campaign of North Carolina. (2012). North Carolina state of adolescent sexual health and action plan. Retrieved 10/2/2012 from [http://files.appcnc.ghifi.com/news-and-publications/research-and-publications/north-carolina-state-of-adolescent-sexual-health-and-action-plan/Entire\\_Final\\_SASH\\_Report.pdf](http://files.appcnc.ghifi.com/news-and-publications/research-and-publications/north-carolina-state-of-adolescent-sexual-health-and-action-plan/Entire_Final_SASH_Report.pdf)
- Bakker, R., Steegers, E. A., Biharie, A. A., Mackenbach, J. P., Hofman, A., & Jaddoe, V. W. (2011). Explaining differences in birth outcomes in relation to maternal age: The generation R study. *BJOG : An International Journal of Obstetrics and Gynaecology*, *118*(4), 500-509. doi: 10.1111/j.1471-0528.2010.02823.x; 10.1111/j.1471-0528.2010.02823.x
- Cardoza, V. J., Documet, P. I., Fryer, C. S., Gold, M. A., & Butler, J.,3rd. (2012). Sexual health behavior interventions for U.S. Latino adolescents: A systematic review of the literature. *Journal of Pediatric and Adolescent Gynecology*, *25*(2), 136-149. doi: 10.1016/j.jpag.2011.09.011
- Centers for Disease Control and Prevention. (2011). HIV and other STD prevention and United States students. Retrieved 9/30/2012, 2012, from [http://www.cdc.gov/healthyyouth/yrbs/pdf/us\\_hiv\\_combo.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/us_hiv_combo.pdf)
- Centers for Disease Control and Prevention. (2012a). Youth risk behavior surveillance - United States, 2011. Retrieved 9/30, 2012, from <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>
- Centers for Disease Control and Prevention. (2012b). Youth risk behavior surveillance system: Selected 2011 national health risk behaviors and health outcomes by race/ethnicity. Retrieved 9/30/2012 from [http://www.cdc.gov/healthyyouth/yrbs/pdf/us\\_disparityrace\\_yrbs.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/us_disparityrace_yrbs.pdf)
- de Anda, D. D. (2008). Replication of an intensive educational intervention for youth pregnancy and STI prevention: The GIG. *Child & Adolescent Social Work Journal*, *25*(1), 55-69.

- Department of Health and Human Services. (2011). North Carolina youth risk behavior survey (YRBS), high school 2011 survey results. Retrieved 10/22/2012 from <http://www.nchealthyschools.org/docs/data/yrbs/2011/statewide/high-school.pdf>
- Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention. (n.d.). Tiers of evidence: A framework for classifying HIV behavioral interventions. Retrieved April 19, 2013, from <http://www.cdc.gov/hiv/dhap/prb/prs/tiers.html>.
- Fernández-Santos, D. M., Figueroa-Cosme, W., Miranda, C., Maysonet, J., Mayor-Becerra, A., & Hunter-Mellado, R. (2011). Prevention strategies for HIV infection risk reduction among Hispanic/Latino adolescents . In E. Barros (Ed.), *HIV-infection-impact, awareness and social implications of living with HIV/AIDS* (pp. 183-200) Intech.
- Frost, J. J., & Driscoll, A. K. (2006). Sexual and reproductive health of US Latinas: A literature review. Retrieved 9/30/2012 from <http://www.guttmacher.org/pubs/2006/02/07/or19.pdf>
- Guttmacher Institute. (2012). U.S. teenage pregnancies, births and abortions: National and state trends and trends by race and ethnicity. Retrieved 10/2/2012 from <http://www.guttmacher.org/pubs/USTPtrends08.pdf>
- Harden, A. A. (2001). Peer-delivered health promotion for young people: A systematic review of different study designs. *Health Education Journal*, 60(4), 339-353.
- Herbst, J. J. H. (2007). A systematic review and meta-analysis of behavioral interventions to reduce HIV risk behaviors of Hispanics in the United States and Puerto Rico. *AIDS and Behavior*, 11(1), 25-47.
- Milburn, K. K. (1995). A critical review of peer education with young people with special reference to sexual health. *Health Education Research*, 10(4), 407-420.
- Sallis, J. F., Owen, N., & Fisher, E. B. (2008). Ecological models of health behavior. *Health Behavior and Health Education: Theory, Research, and Practice*, 4, 465-486.

- Sellers, D. E., McGraw, S. A., McKinlay, J. B. (1994). Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program for Latino youth. *American Journal of Public Health, 84*(12), 1952. Retrieved from [https://auth.lib.unc.edu/ezproxy\\_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=f6h&AN=9501191609&site=ehost-live&scope=site](https://auth.lib.unc.edu/ezproxy_auth.php?url=http://search.ebscohost.com/login.aspx?direct=true&db=f6h&AN=9501191609&site=ehost-live&scope=site)
- Sriranganathan, G. (2012). Peer sexual health education: Interventions for effective programme evaluation. *Health Education Journal, 71*(1), 62-71.
- State Center for Health Statistics and Office of Minority Health and Health Disparities. (2010). North Carolina minority health facts: Hispanics/Latinos. Retrieved 9/30/2012, 2012, from [http://www.schs.state.nc.us/schs/pdf/Hispanic\\_FS\\_WEB\\_080210.pdf](http://www.schs.state.nc.us/schs/pdf/Hispanic_FS_WEB_080210.pdf)
- Turner, G. G. (1999). A method in search of a theory: Peer education and health promotion. *Health Education Research, 14*(2), 235-247.
- United States Census Bureau. (2011). 2010 census briefs: The Hispanic population 2010. Retrieved 3/12, 2013, from <http://www.census.gov/2010census/>
- Weinstock, H., Berman, S., & Cates, W., Jr. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health, 36*(1), 6-10. doi: 10.1363/psrh.36.6.04

## Appendix A. Evaluated Latino Adolescent Sexual and Reproductive Health Programs

Program name	Program type	Participant age range	Participant gender	Study population	SEF individual-level	SEF Interpersonal-level	Peer educator empowerment	Evaluation of peer education component
<b>DsF<sup>1</sup></b>	Sexual and reproductive health, advocacy, media skills	11-14, 14-19	Mixed gender	Latino adolescents in central North Carolina	Yes	Yes	Yes	In development
<b>Cuidate<sup>2</sup></b>	HIV risk reduction	13-18	Mixed gender	American Hispanic adolescents (primarily Puerto Rican) in Philadelphia, PA	Yes	No	No	n/a
<b>Joven a Joven<sup>3</sup></b>	Social, sexual, and health-related teen issues	High school students	Mixed gender	Latino/a adolescents in central North Carolina	Yes	Yes	Yes	Unknown
<b>Safer Choices 2<sup>4</sup></b>	HIV, STD, & Pregnancy Prevention	7 <sup>th</sup> -12 <sup>th</sup> grade	Mixed gender	African Americans (29.7%) and Hispanic Americans (61.3%)	Yes	Yes	No	n/a
<b>The GIG<sup>5</sup></b>	HIV, STD, & Pregnancy Prevention	Adolescents	Mixed gender	Latino/a adolescents	Yes	No	No- However, messages are delivered by peer educators.	n/a

<b>Joven Noble</b> <sup>6</sup>	Youth development program with HIV & STD prevention component	10-24	Male only	92.3% Hispanic-American adolescents (17.9% foreign born, 82.1% born in the U.S.)	Yes	No	No	n/a
<b>Poder Latino</b> <sup>7</sup>	AIDS prevention	14-19	Mixed gender	Latino adolescents in 2 northeastern U.S. cities	Yes	Yes	No-However, activities are led by specially trained peer leaders.	n/a
<b>Children's Aid Society-Carrera Program</b> <sup>8</sup>	Comprehensive sexuality education and pregnancy prevention program	13-15	Mixed gender	African Americans or Caribbean (56%) and Hispanic Americans (42%), majority disadvantaged	Yes	No	No	n/a
<b>Social Skills Training</b> <sup>9</sup>	HIV & pregnancy Prevention	13-18	Mixed gender	White American (46.3%) and Hispanic Americans (53.7%)	Yes	Yes	No	n/a
<b>Familias Unidas + PATH</b> <sup>10</sup>	Family-based sexual risk behavior	8 <sup>th</sup> grade	Mixed gender	Students with at least one parent from a Spanish-	Yes	Yes	No	n/a



and  
substance  
use  
prevention

speaking  
country

<sup>1</sup> *Derechos sin Fronteras* curriculum.

<sup>2</sup> Villarruel A.M., Jemott, L.S., & Jemmott, J.B. (2005). Designing a culturally based intervention to reduce HIV sexual risk for Latino adolescents. *Journal of the Association of Nurses in AIDS Care*, 16(2), 23-31.

<sup>3</sup> "Joven a Joven." (2012). Planned Parenthood of Central North Carolina. Retrieved October 23, 2012 from <http://www.plannedparenthood.org/centralnc/joven-joven-2832.htm>

<sup>4</sup> Tortolero, S.R., Markham, C.M. Addy, R.C., Baumler, E.R., Escobar-Chavez, S.L., Basen-Engquist, K.M., McKirahan, N.K., & Parcel, G.S. (2008). Safer choices 2: Rationale, design issues, and baseline results in evaluating school-based health promotion for alternative school students. *Contemporary Clinical Trials* 29, 70-82.

<sup>5</sup> De Anda, D. (2002) The Gig: An innovative intervention to prevent adolescent pregnancy and sexually transmitted infection in a Latino community. *Journal of Ethnic & Cultural Diversity in Social Work*, 11(4), 251-277.

<sup>6</sup> Tello, J., Cervantes, R.C., Cordova, D., & Santos, S. (2010). Joven noble: Evaluation of a culturally focused youth development program. *Journal of Community Psychology*, 38(6), 799-811.

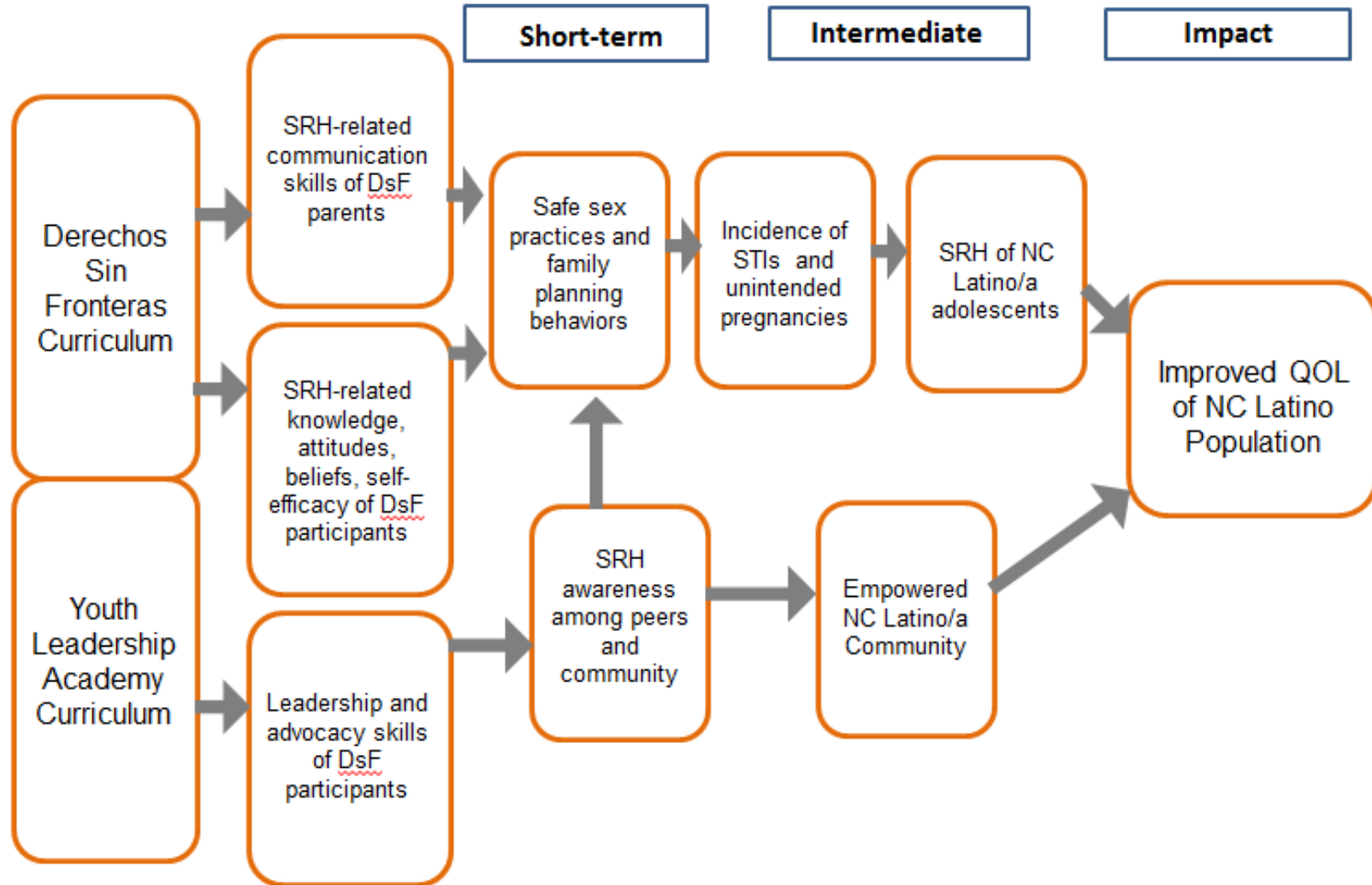
<sup>7</sup> Sellers, D.E., McGraw, S.A., & McKinlay, J.B. (1994). Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program for Latino youth. *American Journal of Public Health*, 84(12), 1952-1959.

<sup>8</sup> Philliber, S., Williams Kaye, J., Herrling, S., & West, E. (2002) Preventing pregnancy and improving health care access among teenagers: An evaluation of the *Children's Aid Society-Carrera Program*. *Perspectives on Sexual and Reproductive Health*, 34(5), 244-251.

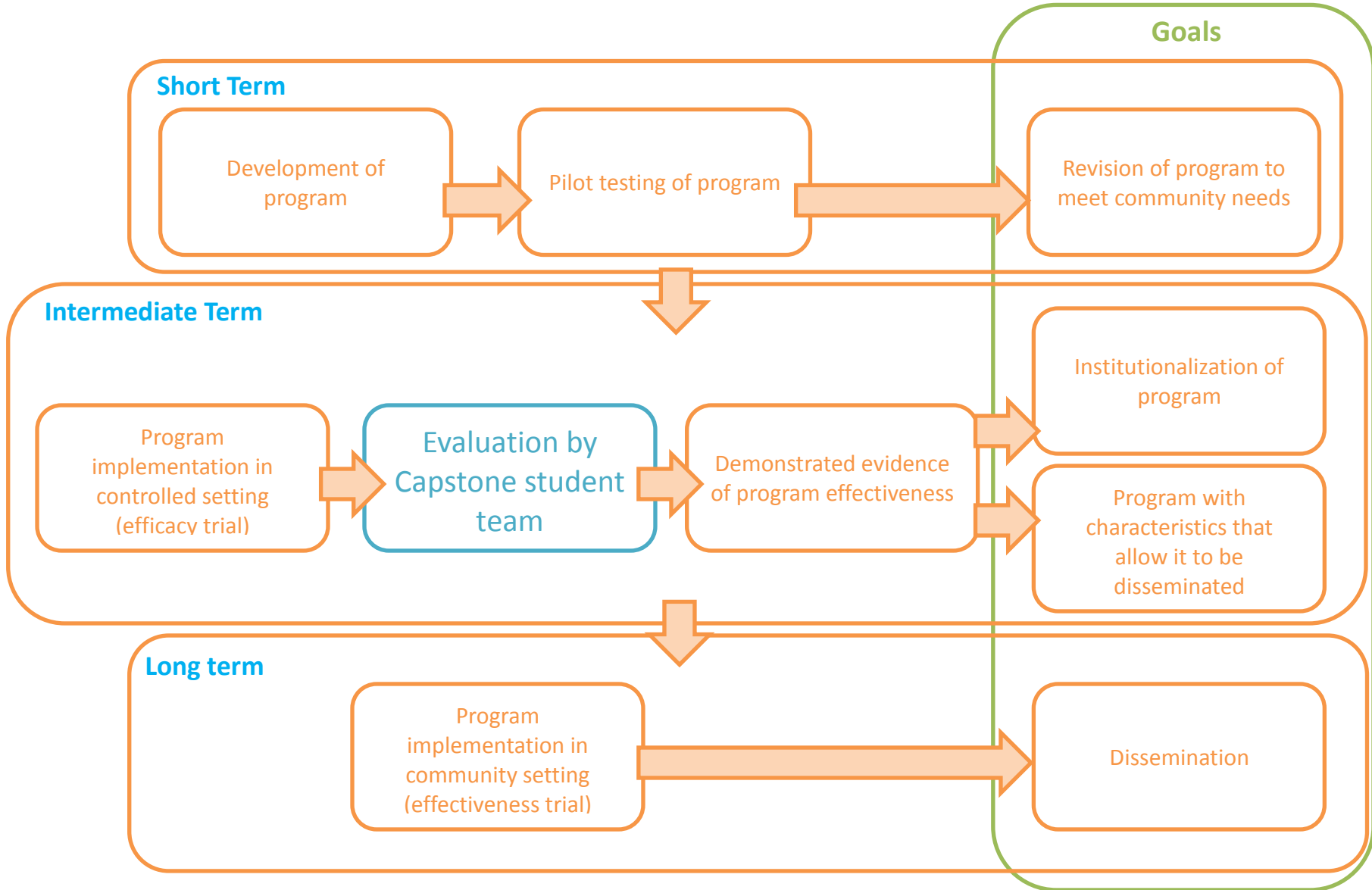
<sup>9</sup> Houvell, M., Blumberg, E., Sipan, C., Hofstetter, C.R., Burkham, S., Atkins, C., & Felice, Marianne. (1998). Skills Training for pregnancy and AIDS prevention in Anglo and Latino youth. *Journal of Adolescent Health*, 23(2), 139-149.

<sup>10</sup> Prado, G., Pantin, H., Briones, E., Schwartz, S.J., Feaster, D., Huang, S., Sullivan, S., Tapia, M.I., Sabillon, E., Lopez, B., & Szapocznik, J. (2005). A randomized controlled trial of a parent-centered intervention in preventing substance use and HIV risk behaviors in Hispanic adolescents. *Journal of Consulting and Clinical Psychology*, 75(6), 914-26.

## Appendix B. DsF Conceptual Model



## Appendix C. DsF Program Evaluation Conceptual Model



### Appendix D. 2012-2013 El Pueblo Capstone Team Gantt Chart

Activity	2012				2013				
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
<b>El Pueblo DsF Curriculum Implementation</b>									
DsF sessions			■	■	■				
YLA sessions								■	■
<b>Capstone Class Deliverables</b>									
Fall Work Plan	■		■						
Draft Logic Model	■								
Draft Literature Review	■	■							
IRB Application	■								
Spring Work Plan	■				■				
Capstone Summary Report						■	■	■	
Capstone Celebration Day Presentation								■	

Activity	2012				2013				
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
<b>Deliverable I: DsF Curriculum Evaluation Conceptual Model and Tools</b>									
Identify intended use and users of the evaluation	■	■	■						
Review existing evaluation tools created by 2011-2012 Capstone team	■								
Draft a conceptual model for evaluation	■								
Finalize conceptual model	■								
Draft a conceptual model for evaluation of DsF		■							
Finalize evaluation of DsF conceptual model			■						
Draft quantitative evaluation tools as needed			■						
Incorporate feedback on tools		■							

Pilot test quantitative tools									
Finalize quantitative evaluation tools									
Draft quantitative codebooks									
Draft module implementation checklists to use in process evaluation following each DsF session									
Draft qualitative evaluation tools (interview/focus group guides to use in process evaluation following DsF implementation)									
Send qualitative evaluation tools for review									
Incorporate feedback on tools									
Finalize qualitative evaluation tools									
Translate quantitative tools into Spanish									
Finalize deliverable and submit for final approval									

Activity	2012				2013				
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
<b>Deliverable II: DsF Curriculum Evaluation Report</b>									
Each Capstone team member attend one fall DsF session									
Collect process data (after each DsF session) and outcome data collection documents (before and after implementation of DsF curriculum) from El Pueblo staff									
Enter quantitative data into database (before and after implementation of DsF curriculum)									
Create interview and focus groups matrices									
Conduct two focus groups following DsF implementation									
Conduct two interviews following DsF implementation									
Enter interview and focus group notes into the matrices									
Analyze post-program changes using collected quantitative data									
Analyze process evaluation using collected qualitative data									
Draft "Background and purpose" section of the evaluation report									
Draft "Evaluation Methods" section of the evaluation report									

Draft "Results" section of evaluation report										
Draft "Discussion" section of evaluation report										
Draft "Conclusions and Recommendations" section of evaluation report										
Solicit feedback from EI Pueblo stakeholders and mentors regarding Evaluation Report										
Draft "Executive Summary" section of the evaluation report										
Solicit feedback from EI Pueblo stakeholders and mentors regarding Executive Summary										
Compile references and appendices										
Compile all sections of the evaluation report, send final draft out for review										
Incorporate feedback										
Finalize deliverable and submit for final approval										

ACTIVITY	2012				2013				
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
<b>Deliverable III: DsF Evaluation Database and User Guide</b>									
Assess EI Pueblo data collection priorities									
Research database options									
Create database option spreadsheet with options									
Create database for DsF evaluation program data									
Capstone team members enter pre/post-test data									
Outline sections for facilitator evaluation guide									
Draft database facilitator evaluation guide									
Incorporate feedback on facilitator evaluation guide, send out for final approval									
Conduct one training session on evaluation and database use with DsF staff									
Finalize deliverable and submit for final approval									

Activity	2012				2013				
	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May
<b>Deliverable IV: Updated Funding Guide</b>									
Review funding guide created by 2011-2012 Capstone team									
Update funding guide with new qualitative data and new funder information									
Finalize deliverable and submit for final approval									