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COMMUNITY BASED SEXUAL EDUCATION IN HAMILTON COUNTY OHIO

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Jennifer Winbigler, Student

Corrine Williams, ScD, MS, Committee Chair

Corrine Williams, ScD, MS, Director of Graduate Studies

COMMUNITY BASED SEXUAL EDUCATION IN HAMILTON COUNTY OHIO

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the
requirements for the degree of
Master of Public Health
in the
University of Kentucky College of Public Health
By
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Wilder, KY

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Chair Dr. Corrine Williams

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Abstract

This project proposes the implementation of a community-based sexual education program in Hamilton County Ohio. The proposed program is Focus on Youth + ImPACT. FOY + ImPACT is an evidenced based intervention focused on providing knowledge and skill based education to both youth (during FOY sessions) and parents (during the ImPACT session). The educational program will be implemented at three sites: the Boys and Girls Club of Greater Cincinnati, Lighthouse Youth Services, and Caracole. Each site was selected for its current infrastructure conducive to youth programming. This included ease of access to youth as well as experience in the provision of other educational programs. Short term goals for the intervention focus primarily on increasing baseline knowledge, while intermediate goals of the program include increasing safe sexual behaviors as well as transferring program implementation responsibilities to the community. Long term goals of the program primarily focus on decreasing the prevalence of sexually transmitted infections in Hamilton County as well as providing supportive data for sexual education advocacy. Project implementation and goals will be subject to rigorous evaluation throughout the program.

Target Population and Need

Sexually transmitted infections remain an extremely pervasive and expensive public health problem. STIs may be categorized as a major public health concern rather than a medical matter due to their preventable nature. Through public health education programs, STIs, similar to the flu, may be controlled. Each year, due to the current inability to prevent the spread of these infections, the US spends over \$16 billion in STI treatments. The costs of STIs continue to go far beyond medical expenses. STIs may begin as relatively benign infections, but lead to lifelong complications including neurological decline, joint dysfunction, and even death. Adolescents account for over ½ of these STI infections.¹ Current public health initiatives for STI prevention include education programs, free clinic care, and condom dispersal.² However, these resources are not available in all locales.

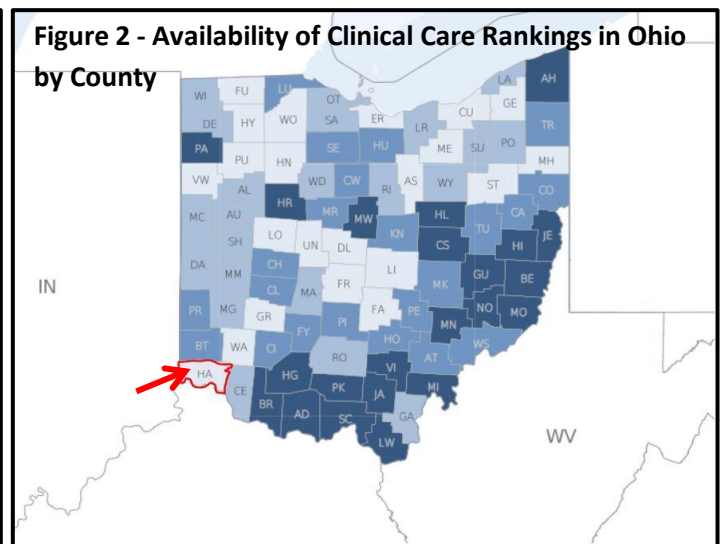
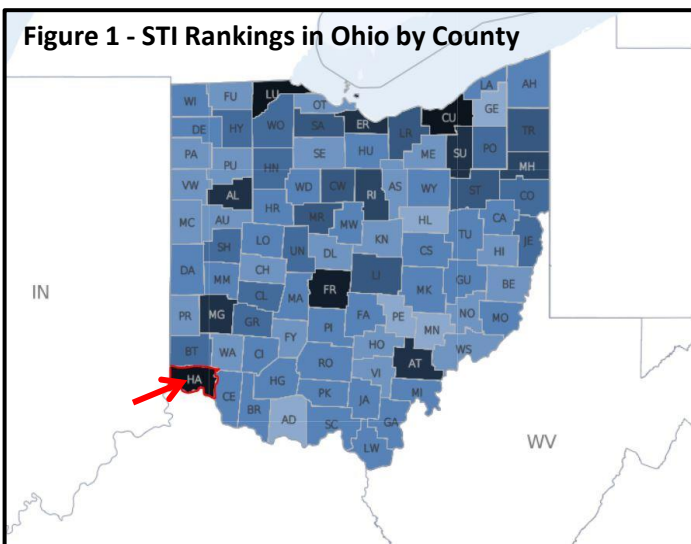
In the state of Ohio, Hamilton County has continually demonstrated an abysmal STI rate (Figure 1). Hamilton County is in the southwest corner of Ohio and contains Cincinnati and surrounding suburbs. In 2015, there were 820 newly diagnosed cases of chlamydia per 100,000 people, as compared to 460 new cases per 100,000 in Ohio overall.³ The county has the highest incidence rate for chlamydia in the entire state, with 80% of chlamydia infections occurring in non-white populations and 70% of infections in the age group from 15 to 24.⁴ Likewise, the HIV rate in Hamilton County is a major health concern. Rates of infection have increased in the area, with Hamilton County replacing Union County as the 4th highest HIV prevalence in Ohio. Hamilton County HIV rates in 2015 were 331 cases per 100,000 people, as compared to the state average of 178 per 100,000 people.³ Nearly half (44%) of HIV infections occurred in young

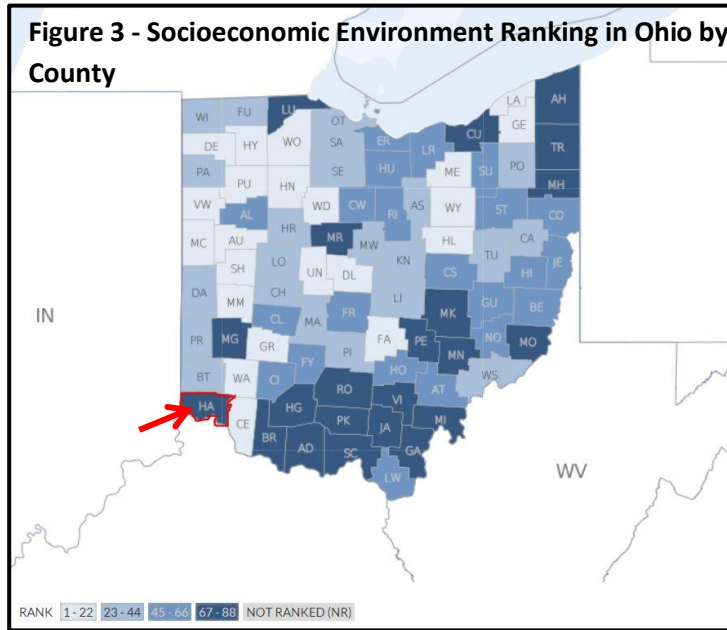
adults (ages 20-29), and 92% of all diagnoses were in Hispanic or African American patients. (Ohio Department of Health, 2014) Other STIs such as gonorrhea and syphilis continue to plague the county as well. Hamilton County has the highest incidence rate in the state for gonorrhea, with infections in 283.5 per 100,000 people.⁵ As with HIV and chlamydia, young, minority individuals are disproportionately affected: 83% of cases occurred in non-white individuals, and 57.5% of cases occurred in the 15 to 24 year old age group. Hamilton County's syphilis rate also remains high, with 35.3 cases per 100,000 people, as compared to the state average of 10.5 cases per 100,000.⁶ As with the other STIs, over 40% of these cases occurred in individuals aged 15 to 24 and 47% occurred in non-white populations.

These rates continue to shock particularly in light of the ease of access to clinical care in Hamilton County (Figure 2). In addition to ease of clinical care, Ohio recently passed legislation to allow for expedited partner therapy (EPT) in certain cases pursuant to Ohio Revised Code Section 4731.93. It is important to note that currently this law only applies to specific diseases (chlamydia, gonorrhea, and trichomoniasis) and limits EPT to two sexual partners. Given the relative ease of access to medical care, it is likely that other factors contribute to Hamilton County's staggering STI rates. The majority of female (52%) and male (76%) HIV infections in Hamilton County were attributable to sexual contact. Likewise, chlamydia, syphilis, and gonorrhea are nearly exclusively transmitted through sexual activity.^{5,6} Ohio currently does not gather data regarding condom use during sexual encounters, so data on current sexual risk-reduction health behaviors among youths and young adults are not available.³ Data last collected in 2013 in the YRBS shows that only 50.8% of Ohio adolescents reported condom use in their last sexual encounter.⁷ It can be reasonably inferred that most youth in Hamilton County are not educated regarding effective prevention and treatment of STIs. Ohio law does not permit any

sexual education outside of abstinence focused education within the Ohio Public School System. Ohio law requires that “instruction in venereal disease education pursuant to division (A)(5)(c) of section 3313.60 of the Revised Code shall emphasize that abstinence from sexual activity is the only protection that is one hundred per cent effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome.” Because only one-third of the population pursues post-secondary education, it is unlikely that most youth and young adults in this region have received sexual education at another institution.⁸

This population’s risk for STI infection is further heightened due to the county’s socioeconomic climate. The county centers on the metropolis of Cincinnati, providing a primarily urban environment. As previously mentioned, despite urban education offerings, only 35% of inhabitants with attain a bachelor’s degree or higher. This lack of higher education is a major determinant in the area’s socioeconomic status. Hamilton County remains among the poorest counties in Ohio (Figure 3). Poverty in Hamilton County is above the national average at 17.6% with a staggering 55.5% of all children participating in free and reduced lunch programs.⁹ Furthermore, the median income of Hamilton County residents remains over \$5000 below the national average. This lack of resources disproportionately affects the young, the primary population of STI infections.





However, Hamilton County, Ohio has a wide variety of services available to help combat the county's abysmal STI rates. A simple internet search will reveal over 26 sexual health clinics/providers in the area. Several of these locations, such as Planned Parenthood or the Cincinnati Health Department, offer services to members for little to no cost. Several of these provider locations, such as the University of Cincinnati Health Clinic and the Cincinnati Health Department also offer counseling and education to individuals diagnosed with STIs. In addition, the Cincinnati Health Department supports an Early Prevention and Intervention Program for HIV/AIDS. However, this program is currently focused towards substance abuse settings.¹⁰

Organizations also exist which provide more continuous forms of STI care. There are several organizations, such as Caracole, which provide housing to HIV/AIDS affected families.¹¹ These locations provide education programs in addition to providing for individuals' physical needs. Such organizations serve both infected youth and children of infected caregivers. These youth may bring an increased baseline knowledge regarding sexual behaviors due to

Jennifer Winbigler

environmental circumstances, and thus negatively affect potential program benefits. However, this may be assessed within the program pilot phase. If necessary, following assessment, this concern may be addressed by locating other, more beneficial program sites.

Greater Cincinnati Boys' and Girls' Club, which runs several youth centers in the area, is another ideal recruitment site. Greater Cincinnati Boys' and Girls' Club currently provides safe after school activities and programming to youth in the area, albeit without a particularly STI related focus. They are complemented by Lighthouse Youth Services, which provides housing and support for families in crisis as well as homeless youth. Many of these brick and mortar locations provide ideal space for offering an STI prevention education program. An STI intervention program aligns with the goals of many of these organizations; providing programming to help improve the futures of Cincinnati youth. These mutual goals foster great opportunity for collaboration between the Hamilton County Health Department and community organizations, as well as increasing chances of long term, community-supported sustainability.

The Hamilton County Health Department furthermore belongs to the Network of Care, an organization which, along with tracking progress regarding Healthy People 2020 goal statistics, provides example models of evidence based public health practices from across the country.¹² There are several successful models which would positively contribute to the development process of a new sexual education intervention. These resources, combined with the availability of sexual health clinics, provide a rich environment for implementation of a preventative program.

The proposed project will build on the current infrastructure of the Hamilton County area, but specifically target the youth population. To qualify for inclusion, participants must be

between the ages of 12-18 and residents of Hamilton County. Caracole currently serves over 300 youth, Lighthouse Youth Services attends to 6000 youth/families, while local Boys' and Girls' Clubs of Greater Cincinnati serves over 5000 youth¹³⁻¹⁵. If the selected program achieves participation rates of just 20%, a conservative projection, then nearly 1500 youth will be affected by program efforts. Program sessions are currently organized to accommodate six participants per session, but may be expanded (up to 12 participants per session) as necessary. Program methods to fully engage the community and attain these participation rates are detailed below.

Program Approach

The selected evidence-based program for intervention regarding high STI rates in Hamilton County, OH is a modified version of the Focus-on-Youth (FOY) program originally implemented and developed in Maryland near Baltimore. The program is a community based (conducted in youth recreation centers) 8 week educational seminar sequence consisting of weekly 90 minute group sessions. The program was first designed to combat high HIV/AIDS infection rates in African American Baltimore youth. In the original program, sessions were led by trained community members and were multifaceted in nature, including activities such as games, media, and discussions. Participants learned about educated decision making, negotiating skills, safe sexual practices, available contraception methods (and associated skills), and STI prevention/disease course. The CDC has evaluated FOY (modified with a single session for parents, +ImPACT) and determined it is a high impact intervention.¹⁶ The program originally had documented achievement in HIV risk behavior reduction in urban African American teens,¹⁷ but studies have since expanded FOY's use and verified¹⁸ its efficacy. FOY has been expanded to include other STIs such as gonorrhea and chlamydia and resulted in decreased prevalence as measured by urine testing.¹⁹ Of 310 participants who participated in

urine STI testing in the aforementioned study, prevalence of chlamydia decreased from 27.4% to 6.1% and gonorrhea decreased from 11.3% to 3.2%. FOY has also shown efficacy in risk reduction in many other nationalities and nations, including the Caribbean²⁰ and Vietnam.²¹ Several studies have demonstrated FOY's efficacy in alternative settings such as colleges and high schools,²² further supporting its generalizability.

However, in order to properly attract the community and its respective resources, it will be essential to develop an engaging prevention program in addition to presenting supporting research. This may first be targeted by the development of a Community Advisory Group. The Community Advisory Group (CAG) will include a combination of individuals within the target population as well as community organizations who may provide additional resources and connectivity to the intervention. The group will be limited to 13 persons to retain ease of organization and scheduling. Guidelines for the maximum number of persons in each category are provided, but may be adjusted based on community interest. To represent the target population, 7 members of the community will be invited to join the CAG. Of these, 3 will be minority individuals under the age of 25, to represent the cultural and intellectual needs of the majority of the target population. An additional member of the CAG will represent the various clinics and sexual health providers in the area. These members will connect the proposed project with already existing treatment and education resources. Additionally, they will provide updates in medical knowledge of STIs as developments occur. A member of the CAG will be invited from supporting agencies such as Caracole or local community centers. Their involvement will further enhance connectivity of resources throughout the community. Because our target population is comprised of young people in the community, one individual from the Hamilton County School system will be invited to join the CAG as well. Their expertise and experience in

Jennifer Winbigler

gauging current youth sexual education provision will be extremely helpful. Finally, 3 CAG representatives will be invited from the proposed project's staff, providing public health/intervention expertise and monitoring/guiding all CAG meetings.

Further community endorsement and participation may be garnered by properly targeting the community's needs. Community needs regarding the implementation of this STI prevention program were largely identified through the use of nationwide statistics showing significantly higher STI rates in Hamilton County. Further intervention-specific needs were identified by attempting to identify services addressing the problem through a local search in combination with analysis of state and local laws. Community resources were identified through examination of relative healthcare accessibility and an online search for local supportive services.

Community needs and resources will continually be assessed throughout the project period on a quarterly basis, using many of the original resource/need search methods, such as examining county prevalence data. Biannually, local resources will be reassessed and evaluated for availability and current program offerings. If at any time resources become available to address (or fail to exist/address) a need which the community has identified, then the CAG shall reconvene to adjust intervention methods and targets. This refers to both site availability as well as the availability of key referral resources such as Planned Parenthood or Pozitive Soulz, partners and collaborators who will be discussed at length in the appropriate section. If such resources are no longer available, then alternative providers will be sought such as replacing a Planned Paarenthood clinic with a cooperative Mercy Health clinic. Regardless of the new availability or lack of resources, the CAG shall meet quarterly to discuss goal progress and any changes in community needs. Focus groups and key informant interviews with youth and parents currently involved with intended intervention sites will also be conducted at this time to

Jennifer Winbigler

ensure the project is creating positive impact and retaining community engagement.

Adjustments shall then be made to the project during the pilot period accordingly based on these reports. Following the pilot period, these reports will serve as a consistent source of community engagement and program accountability.

The FOY program aligns directly with the primary community need to decrease STI incidence, and it puts a high emphasis on community relationships as well as currently available resources including recreation centers, aid/healthcare facilities, and people. In this project, FOY will be implemented in youth recreation centers (following the updated CDC curricula) and via supportive HIV agencies such as Caracole or free health clinics. In the Cincinnati youth recreation centers, the program will largely follow the original researchers' design, being delivered in the Boys' and Girls' Clubs and Lighthouse Youth Services Center. Within Caracole, a housing agency for those affected by HIV/AIDS, the program will be offered to complement existing HIV/AIDS educational programming for residents. Furthermore, FOY will be implemented in free health clinics, where providers can easily and quickly refer diagnosed and at risk patients. (This program is particularly suited to the new team healthcare model, where demonstrative and instructive interventions are often delivered at on-site clinic education rooms.) In each institution, existing staff will be trained to lead the sessions to further enhance community involvement and participation.

The FOY program will complement and enhance existing systems and programming in the community quite well. The targeted youth recreation centers and agencies such as Caracole already provide programming to youth with the intent of educating them on various behaviors. We anticipate that switching to an evidence-based intervention such as FOY will be a small obstacle. FOY is specifically related to the goal of Caracole to limit risky sexual behavior and

HIV risk among residents. Likewise, the health clinics are already accustomed to providing patient counseling regarding risky sexual behaviors. Moving practitioners towards an FOY referral and providing counseling in sessions will use existing staff's counseling knowledge well and enhance/reinforce information provided in the clinic. Furthermore, repeated interaction with providers will increase patient/participant comfort with available providers; a problem often encountered when youth interact with authority figures such as clinical staff. A detailed work plan regarding this implementation is attached in Appendix A.

The FOY intervention, as previously discussed, will be modified from the original program. This is largely due to CDC studies which have shown that the FOY + ImPACT design with a single preceding session for parents and guardians is more effective than FOY's traditional follow-up method.¹⁶ The proposed adaptation is a minor one, as FOY has always included additional sessions. However, the difference in design and quantity has shown to yield benefits. Recruitment of parents will be done primarily through flyers, oral communication, and electronic communication. Due to the fact that only the parents of FOY+ImPACT participants are target parents, communication must be tailored to intercept only these adults. This will be done primarily by sending written communication home with the participants, speaking with parents as they retrieve their child from sessions, and communicating with the parent email provided at participant sign-up. Using these methods, parent participation may become a potential barrier to program completion. If parent participation becomes problematic, possible solutions may include schedule adjustment so that the parent ImPACT session is offered at more convenient hours or the provision of food at the single session. FOY will also be adjusted to include other STIs besides HIV as many STIs remain an issue for Hamilton County. The

program has been successfully adapted for multiple diseases prior to this program, and thus this also is a minor adaptation.¹⁹

The FOY + ImPACT program may need to be further adapted for location and cultural acceptability. Materials have already been evaluated for several inclusion and accuracy characteristics through rigorous study and CDC evaluation. However, to further ensure that our program is appropriate for the specific location, focus groups will be developed prior to the implementation of the program. Groups consisting of 3-4 youth and their parents will be asked to participate in the program and give feedback. The focus groups will reflect the ethnicity and the socioeconomic status of the target population. To ensure the program is not stigmatizing, the program will be offered to all ethnicities and socioeconomic statuses. Besides cost, there is little to no negative consequence of providing this additional population the opportunity to learn more about STD prevention and safer sex, particularly in a state where no such education is offered in schools. Staff will also be required to complete cultural sensitivity training such as that offered by CASA (Court Appointed Special Advocates for Children) to ensure their actions are not stigmatizing towards racially or socioeconomically diverse participants and are appropriate for the age of youth involved in the program.²³ A detailed logic model regarding the necessary inputs, outputs, and outcomes of the proposed project including adaptations and cultural sensitivity protocols may be seen in Appendix B.

Following implementation of the approved program with adaptations, fidelity will be audited via random “spot checks” on sessions. Program staff, which have been appropriately trained on FOY methods, will travel to the various program sites and ensure fidelity to the program’s curricula. Staff will be trained via reviewing program materials and observing the program as conducted by research staff. In addition, the first spot check will be performed with

Jennifer Winbigler

1 program staff member and 1 research team member in order to ensure reports are accurate (in later stages, this may be completed using 1 senior spot check staff member and 1 new staff member). Reports from spot checks will be compiled and followed to ensure fidelity over time. These fidelity checks will be continued in the post grant period using trained and experienced community leaders. While the frequency of such fidelity checks may need to be modified based upon community leader availability, the proposed schedule of “spot checks” 2-3 times weekly for new instructors and quarterly for experienced instructors remains a viable draft schedule.

In addition to maintaining program fidelity, long term sustainability remains of the utmost importance. In order to sustain the FOY + ImPACT project after the grant funding period has ended, a focus will be placed on community organization integration and leadership of the program. For this project, sustainability will be defined as the continuation of program delivery after grant funding has been withdrawn. This will also be the main sustainability priority.

Sustainability planning will be integrated into the earliest stages of program planning via community involvement in program delivery. Rather than continually having FOY + ImPACT sessions led by research staff, the programs’ instructor roles will be turned over to community leaders and supporting organization staff. Research staff will train participating individuals to ensure fidelity is maintained, and monitor instructors periodically until grant funding is withdrawn. Upon withdrawal of grant funds, these trained community leaders will then not only conduct all FOY + ImPACT sessions, but the fidelity checks as well. These instructors will additionally train new volunteers as the program continues for years to come.

In order to maintain this community and supporting organization commitment, quarterly reports on progress and impact of the program will be provided to the public. As the program progresses, such accountability will foster community ownership as well as influence supporting organizations to incorporate FOY + ImPACT into their regular workflow. Hopefully, this will foster long-term continuation of the project.

The FOY + ImPACT program has an increased chance for potential long term sustainability due to its lack of financial need. FOY + ImPACT requires funds for purchasing instructional materials at start-up, but has relatively few other costs associated with the program. However, these financial projections are based upon a structure where FOY + ImPACT is led voluntarily by community members and supporting organization staff. Garnering continual participation from instructors may be a problem. Possible solutions to prevent lack of participation include recruitment drives or delivering the program during normal agency work hours. These solutions will be implemented and assessed for efficacy if there is a shortage of community instructors within the first year.

Sustainability may also be threatened if locations become unavailable. FOY + ImPACT relies on locations easily accessible by youth, open after school hours. If buildings become unavailable, alternative locations will need to be sought. This can be handled preemptively by compiling a list of alternative locations prior to the withdrawal of Federal funding. This list will be distributed to program leaders at the end of the grant period.

If the program is sustained following the withdrawal of funds, then the primary sustainability goal will be met. However, the project must meet dissemination goals as well. This project does not achieve its overall goals without proper dissemination of project results. It

Jennifer Winbigler

is the goal of this program to raise awareness and disseminate findings to educate the public and promote greater support of sexual education programs. Such education is desperately needed in a state where abstinence alone is advocated and STIs are on the rise.

In order to properly disseminate and communicate the findings and emphasize the importance of the funded FOY + ImPACT program, it will be extremely important to involve key stakeholders in the community. A central access point to these key stakeholders is the previously established Community Advisory Group. These representative individuals may discuss and help develop the types of communication materials used in dissemination as well as item content. Currently, communication to key stakeholders such as supporting organizations, governmental offices, and school systems is set to take place via presentations and accompanying reports showing the efficacy and importance of our intervention. However, key stakeholders may have other preferred methods of communication, and this plan will be assessed pending feedback from the Community Advisory Group. Methods such as fliers, email, and text message updates may need to be considered. At this time, frequency of communication methods will be assessed. With presentation-style communications, the likelihood of numerous communication opportunities is minimal due to time and staff constraints. However, if less intrusive communication methods such as email are used, communication frequency is likely to be higher.

Our communication and dissemination will be assessed in a threefold method. First, participation rates in our current sites will be monitored. An increase in participation at these sites indicates that the program information and awareness has been disseminated properly as the public is becoming more aware of the benefits of FOY + ImPACT and choosing to participate. Secondly, dissemination and communication will be considered a success if additional

organizations/sites pursue the installation of a FOY + ImPACT program. Additional organization/site interest shows that the program's benefits have been properly communicated and disseminated to organizations which see the value of implementing FOY + ImPACT in their community. Finally, the FOY + ImPACT communication and dissemination will be considered successful if the resultant data is used to advocate for additional sexual education. Data illustrating that educational efforts such as FOY + ImPACT decrease the infection rates of STIs in Hamilton County will be essential to support this goal. Yearly reductions in STI infection rates as well as increased program utilization rates will be provided to legislatures. These data points in particular would show the positive effects and community demand for such programs. State legislative response to provided data could be monitored by examining local policies and governmental initiatives for STI prevention. If advocacy using FOY + ImPACT data leads to policies or initiatives supporting FOY + ImPACT and other sexual education programs, then the data has been properly disseminated and communicated to champions of the cause – as desired.

Despite proper goal setting and work plan construction, challenges to program implementation and uptake may still remain. Overall a large challenge to the implementation of FOY + ImPACT is community buy-in. It will be extremely important for the program to gain acceptance in supporting organizations as well as in the community as a whole. Without community buy-in, sites for the intervention will be limited and continuation of the program in the post-grant period will be impossible (lack of volunteer instructors). The plan to address this problem largely is dispatched in the beginning stages of the program. By integrating prominent community members into leadership roles on the CAG and in each program site, it is hoped that both sites and volunteers will feel a sense of trust and reliability towards the program. Garnering members of the community who have experienced negative sequelae of STIs to speak out and

be champions for the program would also garner additional community involvement and thus support.

Another major threat to the program is cultural acceptability. Ohio remains a largely conservative state, going so far as to allow only abstinence education in its school systems. The program, which openly discusses sexual behaviors, may be unacceptable by the community due to its “shocking” nature. In order to overcome this potential threat, it is vital to communicate to the community that the program does not advocate risky or early sexual behaviors. Rather, the program advocates safer sex when the individual chooses to become sexually active. The ImPACT session of FOY + ImPACT remains vital to this education, as it focuses on parent monitoring and prevention of children’s risky behaviors. Participation in the ImPACT session likely ensures greater community acceptability, but community “town-hall” sessions may be needed to field further opposition and parent concerns.

Performance Measures and Evaluation

The proposed program will have a variety of process and outcome evaluations. Several process measures have been discussed in prior sections of the grant application and will be explained in further detail here. Outcome process measures will be introduced and also explained in this section. The process and outcome evaluations will work together to ensure that the program is being implemented effectively and that the program has a positive impact on Cincinnati youth. While the process evaluation will primarily serve to ensure that the program is being implemented with fidelity, it will also serve to ensure that the program remains appropriately adapted for the targeted population.

Previously, it was established that focus groups and key informant interviews would be used to determine appropriateness of the program in the intended intervention site. These formative evaluations will give way to process evaluations once the program pilot phase has begun. Further focus groups will be conducted post-program to gather parent and participant feedback. Following the completion of the 8 week FOY + ImPACT program, three to five parents and children from each class will be asked to participate in a focus group regarding the program. Parents and children will participate in separate focus groups to promote honest and open feedback. Focus groups will also be conducted by a moderator who culturally and socioeconomically similar to the group members whenever possible. This feedback will be compiled and assessed for potential areas of improvement regarding program delivery.

The CAG will gather and discuss the proposed improvements at their quarterly meeting and determine what improvements are attainable while maintaining program fidelity. These improvements will be forwarded to program staff for implementation. Additional focus groups will be conducted upon program completion until data saturation is reached and no new improvement suggestions arise. Data saturation will be defined as three successive focus groups from which no new improvement suggestions are provided.

Process evaluation will also occur via random “spot checks” on instructors. These spot checks will serve to ensure that community leaders have maintained fidelity to the FOY + ImPACT curriculum. Checks will occur every 2-3 weeks during each staff member’s first teaching assignment, and then quarterly thereafter. During the first year, staff program leaders will be assessed solely by research assistants. In following years, checks on community program leaders and remaining staff program leaders will be performed by research assistants and staff program leaders respectively. Staff will quantitatively and qualitatively assess how well each

Jennifer Winbigler

community leader has adhered to the curriculum and held the attention of participants. Quantitatively, the leaders will be assessed via checklists detailing each of the key messages provided by FOY + ImPACT. Qualitatively, the assessing staff members will be asked to freely describe how each community leader performed. In order to combat bias, each community leader will be assessed by at least two project staff members prior to compilation of their performance assessment.

These performance assessments will then be used to define gaps in community leader training. Solutions for these gaps and all other challenges identified during performance evaluations will be implemented in the following round of community leader trainings. In addition, community leaders who have been identified as lacking in proper fidelity or knowledge regarding the FOY + ImPACT will be retrained before conducting additional FOY + ImPACT sessions.

Performance evaluations will not be used solely for enforcement of negative consequences. Rather than only reprimand staff for deficiencies in program conduction, performance evaluations will also be used to celebrate successes of program delivery. Community leaders who score highly regarding their delivery of FOY + ImPACT will be recognized at the following quarterly CAG meeting. Furthermore, optimal community leaders will receive a small gift of appreciation following their identification. This gift will likely be a small token such as candy or a mug. This appreciation will not only generate goodwill among assessors and community leaders, but will also serve to drive loyalty and support of the program in years to come.

Process evaluation remains only one part of the proposed program assessment. In order to assess program effectiveness in addition to program curriculum adherence, outcome evaluation will be essential. The proposed outcome evaluation will be divided into short/intermediate goals and long term goals. The short/intermediate outcome evaluation will be a quasi-experimental, repeated measures study with comparison to a control group. The repeated measures will consist of one pre-program survey and several post-program surveys. The control group will be youth who have not been enrolled in the FOY + ImPACT program, while the treatment group will be youth who have completed the program. Measurement collection will be done via survey evaluation and will be collected prior to and following program completion. Long term evaluation will be conducted using an interrupted time series design. For this type of evaluation, STI rates will be pulled from years prior to and following program implementation. This evaluation measure will serve to determine whether the primary objective of decreasing STI rates in Hamilton County is being accomplished.

These study designs were chosen to ensure that program effectiveness could be measured on multiple levels. Using a bifurcated study design, multiple goals may be assessed in differing timetables without restriction. This study design is also beneficial due to easy administration and statistical analysis. Data points such as student surveys and STI rates are easily collected via personal administration and government database respectively. Furthermore, inclusion of the control population allows us to incorporate cultural/political shifts into our data analysis – eliminating confounding variables.

However, that is not to say that this design does not pose challenges. Interrupted time series studies require a very long data collection process. This process will likely not be complete by the end of the grant. Continuation of data collection in the post-grant period will be

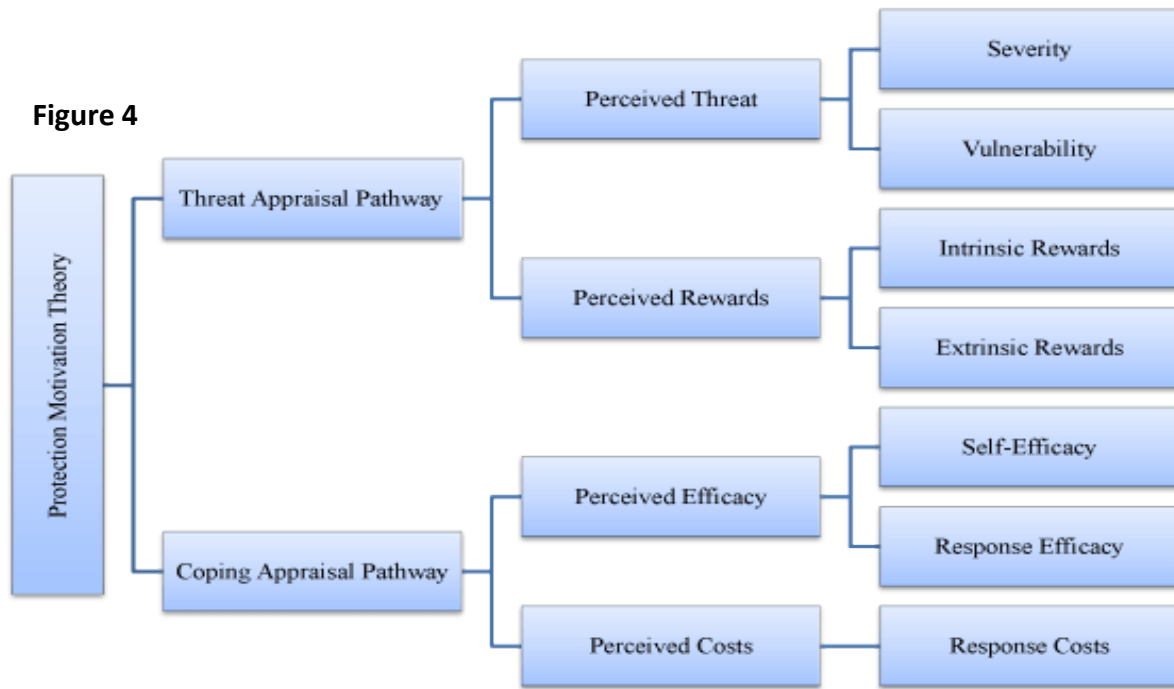
vital to bolster findings of study effectiveness. The nature of the study also does not allow for randomization, weakening the case for a causal relationship between the program and any viewed effects.

There will be two impact outcome goal measures for the FOY + ImPACT intervention: the YHRBI and STI reports, which will be discussed later at length. All outcome goals will be considered successful if participant data improves significantly post-program completion as compared to participant data prior to program completion ($P < 0.05$). The program's efficacy will be reinforced through comparison of participant data post program completion to the control group data. These comparisons will seek to demonstrate that program effects are significant, and that such observed significant effects do not result not from outside factors or confounders. Participant data will also be sectioned into separate construct categories as well to illustrate where FOY + ImPACT has the greatest and least impact.

The control group will consist of youth who have chosen to participate in other programming options at each of the respective intervention sites. Surveys will be administered during sessions of each youth's alternative program choice. Given that they have chosen not to participate in FOY + ImPACT, these youth may be inherently different from youth who are participating in FOY + ImPACT. It will be of particular importance to analyze why participants chose differing program options. This will be assessed using an additional survey question within the control group asking why participants chose not to participate in FOY + ImPACT.

Short term goals of the program will be related to increasing participant knowledge. This is largely due to the educational environment in which the program will be implemented. As a majority of Hamilton County youth will have little to no sexual education outside of these

sessions, it will be necessary to briefly (within the first few FOY + ImPACT sessions) increase educational bases prior to changing behavioral outcomes. The primary intermediate goal of the project will be to reduce risky behaviors of the youth participants. This will be measured using the Youth Health Risk Behavior Inventory (YHRBI). This survey was originally developed for assessing risky behaviors in young African Americans in low-income, urban areas. The YHRBI is the original instrument used to assess the effectiveness of the FOY program. The YHRBI is a 286 item survey created based on five categories taken from Protection Motivation Theory. These five categories are self-efficacy, response efficacy, response cost, intrinsic reward, and extrinsic reward. A schematic detailing all components of PMT may be seen below in Figure 4. Items were created to assess the following four types of behaviors within the broader PMT categories: drug trafficking, drug use, condom use, and initiation of sexual activity. Although the YHRBI is 286 items in its entirety, the survey includes complex skip patterns to shorten survey length. The survey is composed of 4 demographic items, 57 behavioral history items, 115 Likert scale items, 26 parental monitoring items, 34 peer/family influence items, 12 future intention items, and 38 knowledge items. It is this demographic information which will be used to report all required performance measures such as the number of youth in each race/ethnicity that are served by the program.



Through a multiphase study, the YHRBI was proven to be both valid and reliable.²⁴

Detailed information regarding the reliability of each construct may be seen in Table 1. Table 1 also illustrates construct matter that will be collected by the YHRBI. Validity of the instrument was demonstrated using face validity and criterion validity.

Table 1	
Confounding Factors	Description
Demographics	Items from the YRHBI. Items regarding age, race, household income, etc.
Construct	Description and Reliability Data
Self-efficacy	Items from YRHBI. Items regarding self-perceived ability to refuse or halt risky behaviors related to drug/alcohol use or condom use. $\alpha=0.88^{25}$
Response Efficacy	Items from YRHBI. Items regarding belief that action will prevent negative risky behavior and related consequences. $\alpha=0.69^{25}$

Response Cost	Items from YRHBI. Items regarding perceived losses following risky behavior avoidance or halting. $\alpha=0.82^{25}$
Intrinsic Rewards	Items from YRHBI. Items regarding internal rewards such as happiness related to performance of risky behaviors. $\alpha=0.79^{25}$
Extrinsic Rewards	Items from YRHBI. Items regarding external rewards such as peer acceptance related to performance of risky behaviors. $\alpha=0.71^{25}$

The YHRBI contains both dichotomous items as well as both five-point and three-point Likert scale items. The YHRBI was previously administered via computer, with both displayed written instruction and audio instruction. Administration was allowed both at intervention sites and at participants’ homes.²⁶ Site computer availability will be assessed to determine if remote administration is necessary. Administration of the survey onsite is preferable to ensure participant completion and attentiveness. If site computers are available, then the survey will be administered on site just prior to the first FOY + ImpACT session as well as at several post-program dates. Challenges to completion will be addressed via recruitment strategies, such as incentivizing survey completion. Survey completion will be incentivized using goodie bags/candy/giftcards presented at the intervention site during visits following program evaluations. Problems in post-program survey completion will continually be assessed via participation rates at each of the post-program checkpoints.

The survey took approximately 45 minutes to complete: this is considered an accurate estimate of completion time for future participants. In an effort to avoid testing fatigue, post-program surveys will be administered with the removal of demographic items. Thus the final post-program survey will have a total of 282 items. Several items that will be included also have related skip patterns which will shorten completion time. For example, one item may ask how often the participant has used a condom in the last six months. If the student answers “never” or

“not sexually active”, then the computer software will automatically skip the question regarding how many times the participant has used a condom in the last six months. This will limit the number of repetitive questions for many participants and shorten survey completion time.

The primary long term outcome goal for FOY + ImPACT will be the reduction of STI incidence within the Hamilton County area. This will be assessed using the annual reports on syphilis, chlamydia, gonorrhea, and HIV/AIDS that are released by the Hamilton County and Cincinnati Health Departments. Incidence for each of the respective STIs will be gathered and compared to historical data. The outcome goal will be considered successful if stagnation or decreases in the STI incidence are seen. As this is a long term outcome, such success may not be seen for several years past grant funding. However, this data collection is vital to the long-term stability of the program, as positive findings will garner much outside support.

Data for the outcome goals will be assessed at varying time points based upon the respective data collection schedules. Data regarding the secondary outcome goal will be collected annually in accordance with the Hamilton County and Cincinnati Health Departments’ report schedules. The YHRBI will be administered at baseline, while the modified YHRBI without demographic items will be administered at 6, 12, 18, and 24 months post intervention.²⁶ The YHRBI administration schedule will be aligned with the measurement schedule of the original intervention. This frequency of measurement has been shown sufficient to detect changes in participant data over time, including both short and long term program effects.²⁴

All collected measurements will also be compiled into the aforementioned quarterly reports for dissemination to appropriate stakeholders. Data from the secondary outcome goal may not be appropriate for report until several years of data are available. Trends regarding

Jennifer Winbigler

program effectiveness will likely need at least three years of comparable data points before useful comparison can be made. Thus, a preliminary report may be released at the end of the grant period, while data regarding YHRBI results may be released quarterly, as it is collected. Demographic data may also be released quarterly to ensure the intervention is reaching a sufficient number of participants in the target demographic, the population of minority youth in the Hamilton County and Cincinnati area.

Capacity and Experience of the Applicant Organization

The Hamilton County Health Department, founded in 1919, oversees public health services for over 475,000 residents in Hamilton County, OH. The mission of Hamilton County Public Health is to educate, serve and protect the community for a healthier future. The Hamilton County Health Department is divided into two major divisions: the Department of Community Health Services and the Department of Environmental Health Services. The Community Health Services' goals and programs most closely relate to FOY + ImPACT, so it will be discussed at length. The Department of Community Health Services focuses on disease prevention, epidemiology, health promotion/education, and nursing.

The Department of Community Health Services has STI control as a primary focus. Several of their most prolific programs include a variety of free STI testing and partner notification services. The health department currently provides a wide variety of fact sheets with information regarding the transmission on STIs.²⁷ These pamphlets also direct potential patients to one of the areas many free clinics for testing. Once a patient has been diagnosed with an STI such as HIV, the health department also provides an anonymous HIV notification service where

Jennifer Winbigler

infected persons may leave the contact information of previous sexual partners. These partners are then notified regarding potential exposure and directed to free clinics for testing.

The department is also responsible for preparing many of the STI monitoring reports for the county. While the focus has primarily remained on detection and treatment, the department's current infrastructure and baseline knowledge provide great opportunity for further development. Current department clinics may be used as recruitment sites for FOY + ImPACT. Current STI program staff are well educated on relevant infections and prevention. They would be ideal team members and FOY + ImPACT instructors. The Hamilton County Health Department's services can be taken much farther by implementing prevention efforts such as FOY + ImPACT.

Additionally, the Hamilton County Health Department has made great strides in developing the community relationships necessary for implementation of FOY + ImPACT. The health department currently operates an educational intervention program called WeTHRIVE.²⁸ This program is instituted in community centers, schools, and churches. The program focuses on a variety of topics related to healthy living. While original topics included healthy eating and exercise, the program has recently been expanded to include chronic health conditions and substance abuse. Expansion of the department's educational services to include sexual health is a great move towards further bettering community health.

The Hamilton County Health Department also boasts an extremely well connected and knowledgeable director. Tim Ingram, the Health Commissioner, is well established and a lifelong Ohio resident. He has been involved in research and administrative positions at Mercy Health as well as Cincinnati Childrens' Hospital. For development and adaptation of FOY + ImPACT for the Hamilton County area, Tim Ingram will be a strong connection. While

Jennifer Winbigler

developing cultural adaptations for FOY + ImPACT, Tim can use his local relationships to encourage attendance at community meetings. He can also use his clinic and school relationships to recruit CAG members. Tim will provide vital networking opportunities into local health clinics and the Ohio community at large.

Partnerships and Collaborations

Partnerships and collaborations within the community will be vital to the success of the program. Partnering with the previously mentioned intervention sites will be necessary for FOY + ImPACT delivery. The program staff will also partner with members of the CAG. The various types of CAG members, i.e. community members at large, clinicians, and school officials, each offer a type of expertise which will be utilized to enhance the program.

As previously stated, the intended site organizations are Caracole, Lighthouse Youth Services, and Greater Cincinnati Boys' and Girls' Club. Each of these organizations provides educational programming to a vast number of Hamilton County, OH youth. Together these organizations have been serving over 11,000 youth annually for over 30 years. Their continued provision of new and updated programming shows commitment to and passion for the success of the area's youth. This passion for service provision ensures staff will be excitedly involved and committed to the implementation of FOY + ImPACT.

Beyond each organization's passion for service provision to Hamilton County youth, each site partner also provides a wealth of resources for the program. Current staff at each site will be utilized for initial implementation of FOY + ImPACT. These staff members will also be responsible for continuation of the program in the post-grant period. Multiple site partner locations also provide a wealth of opportunity for program growth. While the initial grant

Jennifer Winbigler

funded program is a three-site design, site partnerships provide the resources to scale the program and include more sites and youth participants in the future.

Additionally, the FOY + ImPACT team will partner closely with CAG members and their respective demographics. Community members at large, school faculty, and local clinicians each provide expertise useful in recruiting, adaptation to regional culture, and community relations. All three groups provide easy access to recruitment locations. Community centers, schools, and local clinics are ideal locations for flyer placement or recruitment drives. Community members also provide delicate insight into how recruitment materials are received and may be adjusted for positive uptake. Likewise, clinicians can provide updates to FOY + ImPACT material as STI guidelines and practices are adjusted. Each CAG member's proficiencies will be utilized for the benefit of the program as such updates or ideas are presented.

Further partnerships will be developed with local organizations who share the program's goals. Such organizations include Planned Parenthood, Pozitive Soulz (an HIV support group), and the University of Cincinnati Infectious Disease Center. Planned Parenthood and the University of Cincinnati Infectious Disease Center both provide access to vital reproductive healthcare services.²⁹ The University of Cincinnati Infectious Disease Center is also the only healthcare provider near Hamilton County with a focus on HIV/AIDS, STDs, and other communicable infections.³⁰ Pozitive Soulz is an HIV/AIDS support group that meets twice monthly to discuss the needs of those infected with HIV/AIDS.³¹ Each of these sites will be ideal for connection with potential participants. Participants of FOY + ImPACT may also be referred to these organizations as needed for social support or healthcare services.

Project Management

The project will be managed using a multidisciplinary project team. An organizational chart reflecting this approach can be seen in Figure 5. The team will be headed by Hamilton County Health Department personnel, with assistance from people with backgrounds involving data collection, staff training, etc. Each member of the project team is listed and detailed below.

Project Director

The Director of Health Promotion and Education for Hamilton County will serve as the project director. The project director will be fully responsible for the project during the grant period. They will provide management for all staff, both research and community-based. They will establish and maintain relationships with all program sites. They will report program progress and results to the CAB and site directors at each of the previously discussed quarterly meetings. The project director will present program progress and results using collected YHRBI data as well as annual Ohio STI reports. They will also hold regular meetings, at least bimonthly, with program staff at each of the respective project sites. These visits will ensure that program goals are continually met. The project director will interact with the Hamilton County Health Commissioner in an advisory role; particularly engaging their expertise in creating program longevity within the county. The Director of Health Promotion and Education has experience in supervisory roles as well as program management: an ideal fit for establishment of FOY + ImPACT.

Project Coordinator

The project coordinator will be responsible for the program's daily activities and for the management of program resources as well as data collection/analysis. They will ensure that the

Jennifer Winbigler

steps necessary to meet primary goals are taken, as outlined in the work plan. The project coordinator will oversee FOY + ImPACT session leaders as well as research assistants. They will additionally prepare reports for the project director. This will include the gathering of finalized statistical data prior to report compilation from all applicable sources (OH annual STI report, FOY + ImPACT surveys, etc.). They will schedule all focus groups, fidelity visits, and data analysis. In the piloting phase, the project coordinator will additionally train staff program leaders to deliver FOY + ImPACT. Following this phase, the project coordinator will hold retraining sessions for program staff that show knowledge deficiencies.

Research Assistants

There will be two research assistant positions. The research assistants will be recruited from local universities. They will be expected have a background in community program research, particularly focus groups. The research assistants will be responsible for conducting fidelity visits on staff program leaders as well as community focus groups. The research assistants will report directly to the project coordinator. Research assistants will also be expected to complete FOY + ImPACT training alongside staff program leaders to ensure program fidelity can be properly assessed.

Staff Program Leaders

Staff program leaders will be present for the first phase of program implementation. They will be recruited from the health department. These members of the team will lead FOY + ImPACT sessions. They will also administer the YHRBI to participants and deliver data to the staff coordinator. Following the initial implementation stage, staff program leaders will additionally train and re-train community program leaders.

Community Program Leaders

Community program leaders will be recruited from site staff. The selected sites currently offer a variety of programs for local youth: the site community volunteers and staff who lead these programs will also be asked to participate in FOY + ImPACT implementation. These community volunteers will conduct FOY + ImPACT sessions following the first implementation stage. They will also conduct sessions during the remainder of the grant period as well as in the post-grant period. They will be supervised by the staff program leaders and trained by the program coordinator. During the grant period, they will also administer the YHRBI and submitting data to the staff coordinator.

Biostatistician

A biostatistician will be consulted to compile and analyze collected YHRBI participant data. The biostatistician will analyze and deliver finalized data reports to the project coordinator. The data itself will be provided by the project coordinator following submission by community or staff program leaders. The biostatistician will be a University of Cincinnati employee and a relevant supervisory and mediating contact for the graduate assistants.

Consultant Staff – Technical Support

In addition to regular program staff, consultants will be utilized. A technical support team member will be consulted regarding YHRBI administration and any technical difficulties. The technical support team member will respond to calls regarding computer administration and data exportation. The technical support staff member will be supervised by the project coordinator, yet will be directly accessible by staff/community leaders. The position will likely be an on-call role, with hours reflecting availability during YHRBI administration.

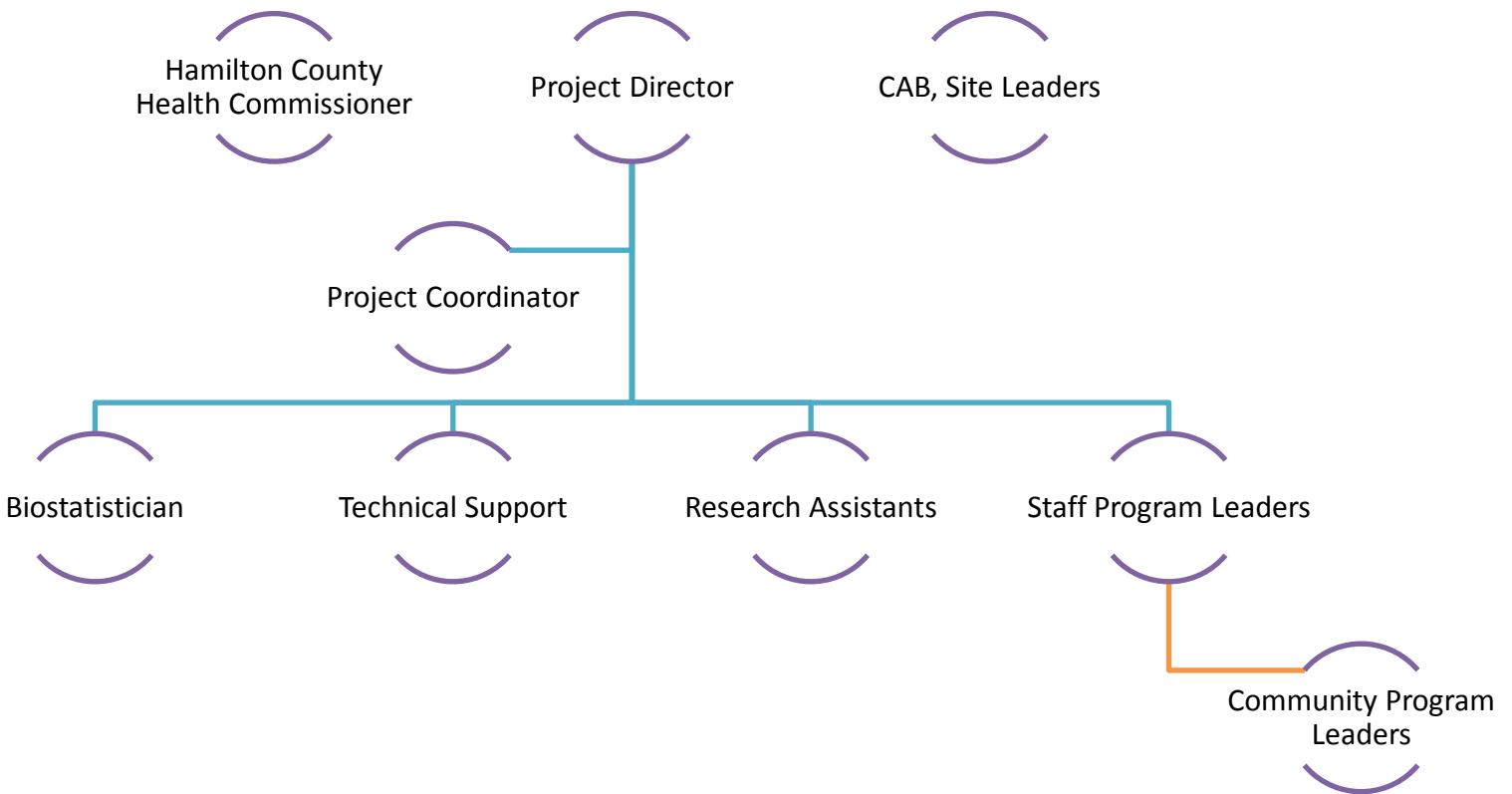


Figure 5

Budget Narrative

	Year 1	Year 2	Year 3	Grant Period Total
Personnel	\$880,125	\$521,662	\$537,306	\$1,939,093
Project Director	\$22,549	\$23,226	\$23,923	
Project Coordinator	\$39,330	\$40,501	\$41,716	
Research Assistant (2)	\$49,990	\$51,490	\$53,034	
Staff Prog. Leaders (20)	\$747,280	\$384,840	\$396,380	
Biostatistician	\$20,976	\$21,605	\$22,253	
Consultant Costs	\$1768	\$1768	\$1768	\$5304
Supplies	\$8015	\$7470	\$7470	\$22,955
Travel	\$10,191	\$11,160	\$11,160	\$32,511
Other	\$59,575	\$125,750	\$127,750	\$313,075
TOTAL	\$959,594	\$652,553	\$654,553	\$2,312,938

Personnel

Project Director

The Director of Health Promotion and Education for Hamilton County will serve in the capacity of Project Director. This position is fully responsible for project outcomes and progress. They will oversee the implementation of the project and coordinate with sites accordingly. This will specifically be completed via mandatory bimonthly meetings with site staff. The Project Director will also be responsible for presenting reports to the CAB as well as dissemination efforts via academic avenues. The director has experience in supervisory roles as

Jennifer Winbigler

well as community presentation: skills that will function ideally in this role. They will spend approximately 20% of their time directing project activities and presenting project results.

Project Coordinator

The project coordinator will be responsible for the program's daily activities and for the management of program resources and data. The project coordinator will report to the project director, and will compile data reports as needed for the director. The project coordinator will also ensure that staff adheres to the work plan timeline. Additionally, they will oversee research assistants and staff program leaders. The project coordinator will spend approximately 50% of their time managing project activities and staff.

Research Assistants

These two positions will be MPH or PhD of Health Education candidates at the University of Cincinnati. They will spend approximately 20 hours per week, or 100% of their time, on this project in all years. In year one, the majority of their time will be spent conducting focus groups and completing FOY + ImPACT training alongside staff program leaders. In years two and three, the majority of their efforts will be focused on fidelity checks and various other duties as determined by the project coordinator.

Staff Program Leaders

If FOY + ImPACT sessions have small class sizes of six children and the maximum number of sessions are conducted each year (approximately six), then 20 program class leaders will be necessary in the first year. While current estimates allot for six children per session, session size may be increased according to necessity. Group sizes may be increased up to twelve

Jennifer Winbigler

participants per session if necessary. Varying degrees of effort will be required by staff program leaders based upon the program stage. In the first year, staff will conduct all FOY + ImPACT sessions, administer the YHRBI, and begin training community program leaders. This first year will likely require 50% effort from staff. However, in years two and three, their efforts will be slowly shifted to re-training community program leaders as needed and assisting research assistants with fidelity checks when necessary. Thus, in years two and three, staff program leaders will likely only expend 25% effort.

Biostatistician

The biostatistician will compile raw YHRBI data into a well-composed summary report, including relevant statistics such as response breakdowns for each survey question. The biostatistician will be needed for approximately 10% of their time. At a rate of \$160,000 annually, this amounts to a total cost of \$16,000 per year. The biostatistician will be monitored using strict report deadlines. They must return each batch of analyzed data to the project coordinator within two weeks of data reception.

Fringe benefits for each position were calculated using the University of Cincinnati's established Federal Fringe Benefit Rate. Use of these figures is geographically appropriate as rates for other employees will likely be similar in the same locale. A summary of this benefit breakdown for FY 2017 is provided below. Of note, state employees, such as public university employees do not pay into Social Security in Ohio. A majority of our staff is likely to come from the Hamilton County Health Department, and will be state employees. Thus, Social Security is not included in our fringe benefits. Additionally, staff dependent tuition remission

costs have been removed, as the applying organization will not offering such benefits to employees of this grant.

	Staff	Student
Retirement	13.5%	8.45%
Health (Insurance, Dental, Workers' Comp.)	14.13%	0%
University Sponsored (Sick Days, Vacation, etc.)	3.17%	0%
Other Benefits (Unemployment, Life Insurance, etc.)	0.29%	0.05%
Total Percent	31.1%	8.5%

The table below is a summary of year one requests. Please note that it does not take into account raises of 3% per year, or changing full time equivalent (FTE) percentages. These yearly changes are reflected in the overall budget seen above.

Position Title	Annual Salary	% FTE	Salary Requested	Fringe Requested	Total Requested
Project Director	\$86000	20%	\$17200	\$5349	\$22549
Project Coordinator	\$60000	50%	\$30000	\$9330	\$39330
Research Assistant (n=2)	\$23000	100%	\$23000	\$1955	\$24955
Staff Program Leader (n=20)	\$57000	50%	\$28500	\$8864	\$37364
Biostatistician	\$160,000	10%	\$16000	\$4976	\$20976

Consultants

Consulting costs relate directly to the planned consulting positions discussed in the project management section of the grant. These positions are not to be hired as employees of the grantee organization, but will be paid for their expertise in matters at specific project stages.

Planned consulting relationships include technical support staff.

Technical Support

Technical support staff will resolve all technical issues that arise during YHRBI computer administration. The technical support position will be needed for approximately 39 days throughout the project period, or 13 days per year. At a rate of \$17 per hour, this amounts to a total cost of \$1,768 per year. The technical support provider will be held accountable by work orders. For each technical issue, a work ticket must be written by the requesting project staff member. The problem resolution and estimated resolution time must also be recorded on these tickets. The project coordinator will collect these tickets following the conclusion of YHRBI administration and will assess them for appropriateness in response and timeliness.

Supplies

The Focus on Youth + ImPACT program is an extremely beneficial selection for program implementation regarding budget. The program’s educational materials are provided through the Education, Training, and Research site. Additional supplies are also needed for basic classroom activities. These supplies will be used to recruit new participants as new cycles of FOY + ImPACT are started and to carry out daily activities of the program. A breakdown of these supply costs is seen below.

Item	Type	Number Needed	Unit Cost	Amount Requested
General Office	Crayons, paper,	12 months	\$600/month	\$7200

Supplies	markers, tape, poster boards			
Program Flyers	N/A	1000 copies	\$0.09	\$270
Program Curricula and Materials	Books, pamphlets, and videos	1 package	\$545	\$545

Travel

In State Travel

Project staff will travel to participating Lighthouse Youth, Caracole, and Boys’ and Girls’ Clubs project sites to train community staff as well as to perform fidelity checks once sessions are community-sponsored. Fewer miles will be traveled during the first year, as community staff fidelity checks will not be necessary. There are approximately 10 miles between the three project sites. Assuming at least 15 site visits in the first year, 150 miles paid at the \$0.54 federal mileage reimbursement rate will yield a projected cost of \$81. In years two and three, more travel will be necessary. It is expected that at least twice as many site visits will be conducted. An additional 50 miles have been added to our calculations as a mild contingency for necessary visits at struggling administration sites. 350 miles in years two and three paid at the \$0.54 federal mileage reimbursement rate will yield a projected cost of \$189 per year.

Out of State Travel

The project coordinator will attend a four day long Training of Trainers conducted by Education, Training, and Research. The training registration costs are approximately \$2250, but will allow the coordinator to train later staff on FOY + ImPACT delivery. Using travel costs indicated in the below table, cost for this unique year one training is approximately \$4530. This one time cost is not included in the summary table below.

The project director, project coordinator, and one staff instructor will present findings and progress at national and/or regional conferences. These conferences will also be useful in collaborating with peers to determine areas of improvement for the project. One conference will be attended each year with the exception of year one. In year one, project progress and results will not have progressed enough for national conference presentation. Proposed conferences include the CDC Society for Adolescent Health and Medicine Annual Meeting, CDC's STD Prevention Conference, and the American Public Health Association's annual meeting.

In addition, as specified by the grant, the Project Director will attend an annual meeting to be specified at a later date. Two staff members will also attend the required annual regional training sessions. Travel costs below will assume each conference is approximately 3 days in duration. A breakdown of these travel costs may be seen below.

Item	Unit Cost	Annual Total
Lodging	\$250 per person per night	\$4500
Airfare	\$400 per person	\$2400
Registration	\$400 per person	\$2400
Per diem	\$70 per day per person	\$1260
Transportation	\$100 per person	\$600
Overall Cost		\$11,160

Other

Community Leader Training Incentives

As community leaders are trained, it will likely be necessary for community leaders to participate in educational sessions outside of their regular work hours. For this reason, training sessions will be incentivized at a rate of \$50 per session. With the maximum of 250 community leaders participating in 5 training sessions, this will at most cost \$62500 in years two and three.

Participant and Community Leader Participation Incentives

In order to increase participation from both youth and community members, small incentives will be offered. In addition, community program leaders who perform in an outstanding fashion will receive small incentives. Incentives will take the form of goodie bags. Goodie bags will be assembled by the research team, and will include a variety of candies, gift cards, and small toys. These goodie bags will have an approximate cost to the program of \$5 per bag. Donations will also be sought from local businesses/organizations to increase value and desirability of incentives. The cost of incentives in year one will be less than in years two and three. This will result from the first year's pilot period where no incentives will be provided as well as from the lower number of participants. Participant numbers will likely be higher in later years as the program garners notoriety and builds trust within the community. In year one it is estimated that 700 children will participate, while the program will reach over 1,500 children in subsequent years. For year one, if incentives are included, 1,400 goodie bags will be necessary. These goodie bags will incentivize completion of both the post- and pre-surveys. This total cost will amount to \$7,000. In years two and three, with 1,500 youth, this cost will be \$15,000. There will be at maximum one community instructor for every six children, or approximately 250 community leaders. Assuming every community leader performs exceptionally, a total of 250 additional goodie bags are needed. This brings our total costs for years two and three to \$16,250.

On Site Training Sessions

The project coordinator and all staff program leaders will attend a Focus on Youth Training of Facilitators during the first year of the program. The cost to host this training is

Jennifer Winbigler

approximately \$1075 per person. The training will be held on-location at one of the program sites. This training will also be conducted for community program leaders. However, the project coordinator will conduct these sessions and eliminate cost in later years.

Tuition

Tuition is requested for the two graduate research assistants in addition to their personal salaries and benefits. This will be approximately \$15000 per year per student. Assuming tuition increases remain on trend with previous years, an annual increase of approximately \$500 per student is expected. Thus for years two and three, tuition costs will be \$16000 and \$17000 per student respectively.

7/1/2017-6/30/2020

Grantee Name: Hamilton County Health Department

Funds Requested: \$

Goal 1: Reduce youth (19-25) STI (gonorrhea, syphilis, HIV, and chlamydia) rates by in Hamilton County by implementing the Focus on Youth + ImPACT program in several sites across the county in partnership with community organizations such as Lighthouse Youth Services, Caracole HIV Housing Authority, and Planned Parenthood
Objective 1: By June 2017, establish a total of 20 individuals from various groups such as Caracole, Hamilton County School Systems, and Lighthouse Youth Services to serve on the CAB. Objective 2: By June 2020, implement and deliver FOY + ImPACT across Hamilton County in supporting agency sites such as Caracole and Planned Parenthood. Objective 3: By June 2020, HCHD will increase by 10% the number of youth who utilize free clinic STI services at participating clinics. Objective 4: By June 2020, HCHD will decrease the syphilis rates among persons 19-25 years old in the county by 20% Objective 5: By June 2020, HCHD will decrease the gonorrhea rates among persons 19-25 years old in the county by 20% Objective 6: By June 2020, HCHD will decrease the syphilis rates among persons 19-25 years old in the county by 20% Objective 7: By June 2020, HCHD will decrease chlamydia rates among persons 19-25 years old in the county by 20% Objective 8: By June 2020, FOY + ImPACT will be self-sufficient and sustainable in Hamilton County Objective 9: By June 2021, FOY + ImPACT will have its results effectively communicated and disseminated to key stakeholders
Rationale for Objective 1: STI rates in the county that are 3x higher than the national average
Measures of Accomplishment for Objective 1: The formation or integration of the Community Advisory Board across the county and the implementation of the plans activities Measures of Accomplishment for Objectives 4-7: Implementation of the Focus on Youth +ImPACT programs in 3 settings (Caracole, Lighthouse Youth Center, and Planned Parenthood clinic) Measures of Accomplishment for Objective 8: Conductance of FOY +ImPACT program entirely by community participants and established alternative resource guide Measures of Accomplishment for Objective 9: Increase in FOY +ImPACT program participation at the 3 seminal program sites, formation of additional FOY + ImPACT sites, or creation of governmental policies/initiatives supporting sexual education using FOY + ImPACT information as supporting data

Appendix A: Work Plan

Activities in support of Goal 1:	Person/agency responsible for Accomplishing Activities	Activity Timeline
1. Publish grant awarded across school and communities	Health Department	July 2017
2. Hire Staff	Health Department Staff (HD)	July 2017 – September 2017
3. Finalize implementation partners and letters of support. Meet with supporting agency site controlling boards to present the FOY + ImPACT Curriculum. Discuss implementation strategies.	HD	August 2017 – ongoing June 2020
4. Review materials for medically accuracy, age appropriateness, cultural and linguistically appropriateness and LGBTQ youth	Supporting Agencies’ Directors, HD, CAB	August 2017– May 2020
5. Meet with already established youth programs and incorporate the FOY + ImPACT grant. Then ask the group to assist in developing strategies/activities to reduce STI incidence.	Health Education (HE) Staff, Supporting Agency Staff, HD	October 2017 – June 2020
6. Train staff for FOY + ImPACT implementation *Getting To The Outcomes *FOY + ImPACT Curriculum *Positive Youth Development *Parent Inclusion *Ensuring Inclusivity & Creating Space Safe for Youth *Effective Implementation Practices *Best Practices for Youth Friendly Clinical Services *Recognizing and Reporting Harassment & Bullying *On going professional development for program implementation staff, community partners and school staff	HD Staff/Supporting Agency Staff/ KY Department for Public Health	July 2017 – June 2020
7. Pilot test implementation of all selected FOY + ImPACT programs	HD staff	January 2018 – June 2018
8. Purchase material for full scale program implementation	Program Coordinator	January 2018 - ongoing
9. Submit all proposed adaptations and rationale for proposing adaptation (if needed)	Program Coordinator	January 2018 – ongoing if needed

Appendix A: Work Plan

10. Establish a plan for managing referrals to youth friendly health care services	Project Directors	January 2018 – review quarterly
11. Finalize work plan	Project Directors	September 2018
12. Clear, complete implementation work plan	Project Directors, Program Coordinator, HD staff	July 2017 – June 2020
13. Evaluation plan submitted *Process and implementation evaluation *Plan for outcome evaluation Yearly review of data collected	Project Directors, Program Staff, Evaluator	July 2018 - ongoing
14. Quarterly meetings with Community Advisory Board to review action/work plan and community needs	HD staff, CAB	July 2017 – June 2020
15. Biannual meetings to review community partnerships and new opportunities	HD staff, CAB	October 2017 – June 2020
16. Disseminate a Referral Provider resource guide for referrals and linkages. Review will be quarterly of guide	HD, Site Directors, Medical site staff	November 2017 – May 2020
17. Implement FOY + ImPACT program	HD staff	July 2018 – June 2020
18. Ensure programs are implemented in a safe and supportive environment *Provide parent information/program review meetings prior to program implementation *Meet with site staff for information/program review prior to program implementation	Project Directors, Program Coordinator, HD staff	February 2018 – May 2020
19. Disseminate FOY + ImPACT grant information and updates to program staff, community instructors, boards of health, community, parents, KY Department for Public Health (DPH), professional journal (end of grant) and local media (yearly)	Project Directors, Program Coordinator, HD staff	June 2018 – ongoing
20. Collect and analyze data; evaluate program and outcomes utilizing CQI. *Participant demographic surveys *Pre and post student surveys *Enter survey results into database to analyze	Project Directors, Program Coordinator, HD Staff, Evaluator	June 2017 – June 2020

Appendix A: Work Plan

<p>21. Develop and implement sustainability plan – *provide train the trainer (TOT) for coordinators, facility staff, afterschool program staff, DPH, and other youth serving organizations</p>	<p>Project Directors, Program Coordinator, HD</p>	<p>July 2018 – June 2020</p>
<p>Activities in support of Objective 1:</p>	<p>Person/agency Responsible for Accomplishing Activities</p>	<p>Activity Timeline</p>
<p>1. Implement a recruitment plan developed by HCDH.</p>	<p>Health Dept.</p>	<p>June 2017</p>
<p>2. Review materials for medical accuracy, age appropriateness, cultural (including LGBTQ) and linguistic appropriateness</p>	<p>Office of Adolescent Health, Health Department, Council members, Program staff</p>	<p>August- November 2015: Original materials reviewed during planning. Ongoing annual review, including new material reviewed as needed throughout the grant (2020).</p>
<p>3. Create formal plan to establish and maintain linkages and referrals to youth-friendly health services including developing a Referral Provider resource guide. Review plan, revise guide, and plan activities quarterly.</p>	<p>Health Department, councils, partners</p>	<p>Ongoing. August-November 2017: Formal plan developed and implemented; Referral Provider Guide developed during planning stage.</p>
<p>4. Evaluate the implementation and outcomes of the program</p>	<p>Health Department, councils, partners, evaluator</p>	<p>July 2018-May 2018 (Pilot sites); Ongoing through May 2020.</p>

Appendix A: Work Plan

Grantee Name: Hamilton County Health Department

Funds Requested: \$

<p>Goal : Reduce youth (19-25) STI (gonorrhea, syphilis, HIV, and chlamydia) rates in Hamilton County by implementing the Focus on Youth + ImPACT program in several sites across the county in partnership with community organizations such as Lighthouse Youth Services, Caracole HIV Housing Authority, and Planned Parenthood</p>		
<p>Objective 4: By June 2020, HCHD will increase by 10% the number of youth who utilize free clinic STI services at participating clinics.</p>		
<p>Objective 5: By June 2020, HCHD will decrease the syphilis rates among persons 19-25 years old in the county by 20%</p>		
<p>Objective 6: By June 2020, HCHD will decrease the gonorrhea rates among persons 19-25 years old in the county by 20%</p>		
<p>Objective 7: By June 2020, HCHD will decrease chlamydia rates among persons 19-25 years old in the county by 20%</p>		
<p>Rationale for Objective 4: STI rates in the county that are 3x higher than the national average</p>		
<p>Measures of Accomplishment for Objectives 4-7: Implementation of the FOY + ImPACT Program in 3 settings (Caracole, Lighthouse Youth Services, and Planned Parenthood)</p>		
<p>Activities in support of Objective 4-7:</p>	<p>Person/agency responsible for Accomplishing Activities</p>	<p>Activity Timeline</p>
<p>1. Hire and train Staff - Ensure programs are implemented in a safe and supportive environment – FOY + ImPACT, Recognizing and Reporting Harassment and Bullying, Making Referrals, LGBTQ Inclusion in Program, Data Collection, Getting to Outcomes, Positive Youth Development, Best Practices for Youth Friendly Clinical Services, Professional Development topics</p>	<p>1. Health Department KY Dept. for Public Health</p>	<p>1. July 2017-June 2020 August 2017 – Develop training plan, October/November 2017 – Hold Staff Training</p>
<p>2. Dissemination of funded</p>	<p>2. Youth Service Centers and</p>	<p>2. June 2018-June 2020</p>

Appendix A: Work Plan

<p>program information and milestones at program staff, community instructors, boards of health, community, parents, KY Department for Public Health (DPH), professional journal (end of grant) and local media (yearly)</p>	<p>Health Department</p>	
<p>3. Implement FOY + ImPACT program with fidelity and quality in clinics, youth centers, and housing agencies across the county, including collecting data for Performance Measures and Program pre and post surveys.</p>	<p>3. Health Education Department, participating site agencies</p>	<p>3. Pilot: March 2018. Full Implementation: June 2018-May 2020</p>
<p>4. Collect and analyze data; evaluate program and outcomes, utilizing CQI. Hand out and collect participant demographic surveys during 1st meeting of each class. Hand out and collect program surveys (pre and post). Enter survey results into database to analyze.</p>	<p>4. Health Department, Site agency workers</p>	<p>4. June 2018, June 2019, May 2020</p>
<p>5. Provide Facilitator training to community instructors, FRC/YSC, DPH, and youth serving organizations</p>	<p>5. Health Department</p>	<p>5. May 2018– May 2020</p>
<p>6. Ensure program is implemented</p>	<p>6. Health Department</p>	<p>6. Summer 2018 and 2020</p>

Appendix A: Work Plan

in a safe and supportive environment –conduct parent information sessions and train program staff		
7. Develop and implement plan for sustainability	7. Health Department, CAB, Partners	7. May 2018 – May 2020
8. Evaluate the implementation and outcomes of the program	8. Health Department, council, partners, evaluator	8. July 2017 – May 2018- Implementation Checklist, Milestone Checklist, Pilot sites. Then ongoing through May 2020
9. Dissemination of program outcomes to other Health Departments, local community, and research staff.	9. Health Department, program staff	9. May 2020

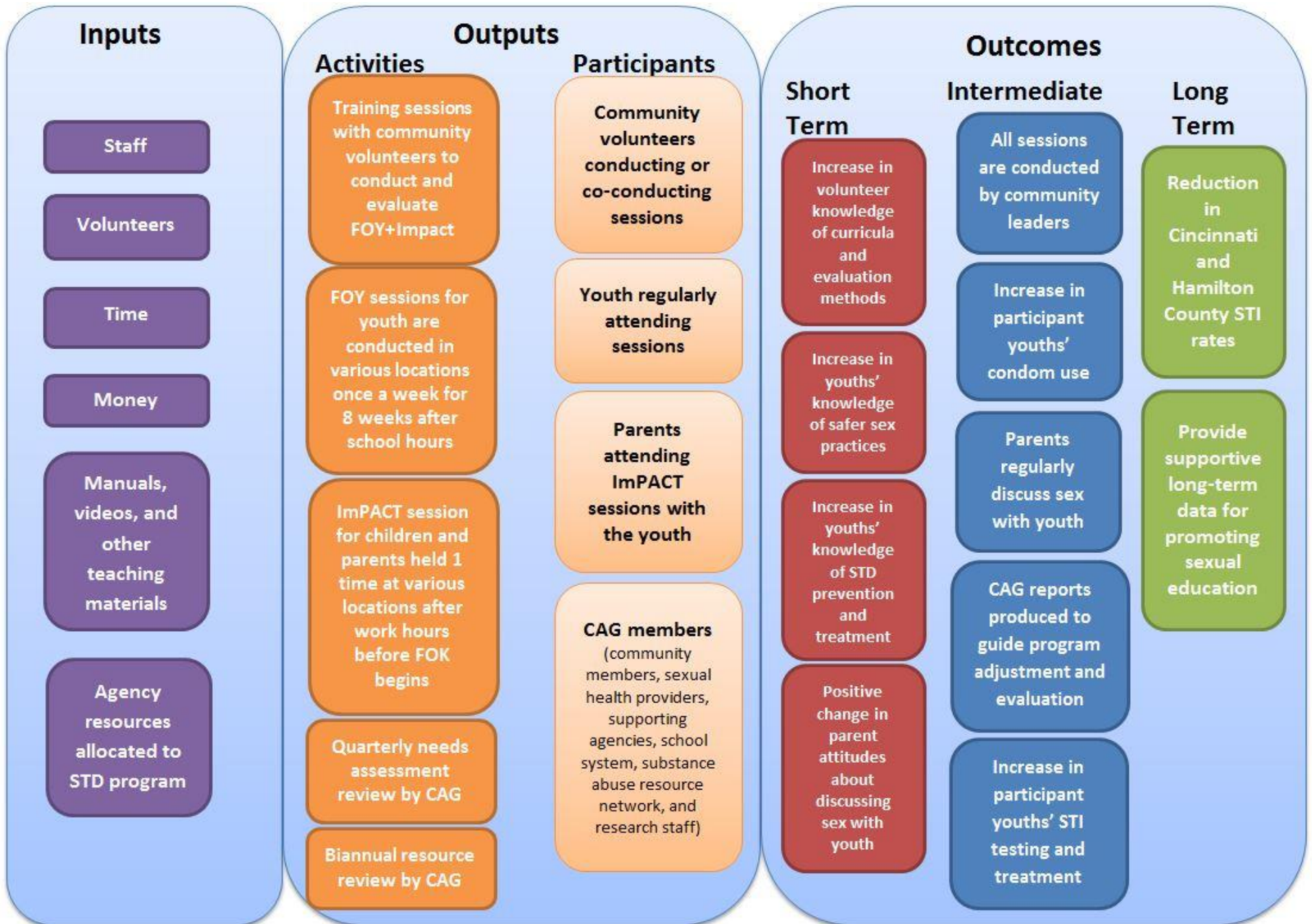
Goal : Reduce youth (19-25) STI (gonorrhea, syphilis, HIV, and chlamydia) rates in Hamilton County by implementing the Focus on Youth + ImPACT program in several sites across the county in partnership with community organizations such as Lighthouse Youth Services, Caracole HIV Housing Authority, and Planned Parenthood		
Objective 8: By June 2020, FOY + ImPACT will be self-sufficient and sustainable in Hamilton County		
Rationale for Objective 8: Long term decreases in STI rates are likely only with successful program continuation past Federal Funding		
Measures of Accomplishment for Objective 8: Conductance of FOY +ImPACT program entirely by community participants and established alternative resource guide		
Activities in support of Objective 8:	Person/agency responsible for Accomplishing Activities	Activity Timeline
1. Recruitment of community volunteers and program staff to lead FOY + ImPACT sessions	1. Health Department, supporting agencies	1. January 2018-June 2020

Appendix A: Work Plan

<p>2. Training of community volunteers and program staff for FOY + ImPACT delivery -Including co-teaching -Including trainee observation</p>	<p>2. Health Department, supporting agencies</p>	<p>2. January 2018-June 2018 then ongoing as volunteers are recruited</p>
<p>3. Sessions led by community leaders with fidelity maintained through research staff “spot checks”</p>	<p>3. Health Department, supporting agencies, volunteer staff</p>	<p>3. June 2018-June 2020</p>
<p>4. Compilation and dissemination of alternative resource list -Alternative locations for program delivery -Potential community instructor recruitment methods</p>	<p>4. CAB, Health Department, supporting agencies</p>	<p>4. May 2020</p>
<p>5. Training of community volunteers for FOY + ImPACT in instructor training and evaluation methods</p>	<p>5. Health Department</p>	<p>5. June 2018 and ongoing to June 2020 as volunteers are recruited and retained</p>
<p>6. Training of new community volunteers in FOY + ImPACT delivery</p>	<p>6. Volunteer staff</p>	<p>6. June 2019</p>
<p>7. Evaluation and remediation of new community volunteers who were not trained by research staff -Evaluate community volunteer-led FOY + ImPACT delivery training for fidelity and efficacy -Re-educate volunteers who failed to properly train the new recruits</p>	<p>7. Health Department</p>	<p>7. June 2019 and ongoing to June 2020 as new volunteers are trained by community participants</p>

Appendix A: Work Plan

<p>Goal : Reduce youth (19-25) STI (gonorrhea, syphilis, HIV, and chlamydia) rates in Hamilton County by implementing the Focus on Youth + ImPACT program in several sites across the county in partnership with community organizations such as Lighthouse Youth Services, Caracole HIV Housing Authority, and Planned Parenthood</p>		
<p>Objective 9: Objective 9: By June 2021, FOY + ImPACT will have its results effectively communicated and disseminated to key stakeholders</p>		
<p>Rationale for Objective 9: Increases in subject awareness, program activity, and supporting policies are likely only with successful program result dissemination to key stakeholders</p>		
<p>Measures of Accomplishment for Objective 9: Increase of 15% in FOY +ImPACT program participation at the 3 seminal program sites, formation of additional FOY + ImPACT sites, or creation of governmental policies/initiatives supporting sexual education using FOY + ImPACT information as supporting data</p>		
Activities in support of Objective 9:	Person/agency responsible for Accomplishing Activities	Activity Timeline
1. Monitoring of FOY + ImPACT student statistics such as retention, STI rates, and program satisfaction	1. Program staff and Health Department	1. June 2018 and ongoing as students continue to complete the program
2. Development of a comprehensive report detailing benefits of FOY + ImPACT	2. Program staff, CAB, and Health Department	2. April 2020
3. Development of a list of locations for dissemination	3. Program staff, CAB, and Health Department	3. April 2020
4. Development of a list of ideal dissemination methods	4. Program staff, CAB, and Health Department	4. April 2020
5. Implementation of dissemination plan	5. Program staff and Health Department	5. May 2020
6. Collection of dissemination data such as participation changes, policy changes, and development of new FOY + ImPACT sites	6. Program staff and Health Department	6. June 2020
7. Compilation of dissemination results report with suggestions for improvement	7. Program staff and Health Department	7. June 2020
8. Distribution of dissemination improvement report to staff	8. Health Department	8. June 2020



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