

Office of Adolescent Health
Teen Pregnancy Prevention Program
Tier 2B
Rigorous Evaluation of New or Innovative
Approaches to Prevent Teen Pregnancy

Implementation Evaluation of Guy Talk in Southern Arizona

6/30/2018

For: Child & Family Resources, Inc.

LeCroy & Milligan Associates, Inc. (2018).

Recommended Citation:

LeCroy & Milligan Associates, Inc. (2018). Implementation Evaluation of Guy Talk in Southern Arizona: Findings from a Rigorous Evaluation of New or Innovative Approaches to Prevent Teen Pregnancy. Tucson, AZ: LeCroy & Milligan Associates.

Acknowledgements:

The evaluation team for this project would like to thank Marie Fordney, The Guy Talk Project Director and Arcelia Cornidez, The Guy Talk Program Supervisor for their extensive efforts and oversight of the Guy Talk project, as well as guidance with the evaluation. This evaluation report represents the efforts of many individuals and many collaborating organizations. The evaluation team for The Guy Talk program includes evaluators Craig W. LeCroy, Ph.D.; Darlene Lopez, Ph.D.; Debby Urken, MSW; Olga Valenzuela, BA; Veronica Salaiz; and data management staff, Frankie Valenzuela. Thank you to the program facilitators, who have worked diligently to ensure The Guy Talk programs are delivered with quality. Lastly, we acknowledge the participants who have received The Guy Talk Project services and stayed connected to the study during the collection of follow-up survey data.

This publication was prepared under Grant Number TP2AH000032-03-00 from the Office of Adolescent Health, U. S. Department of Health & Human Services (HHS). The views expressed in this report are those of the authors and do not necessarily represent the policies of HHS or the Office of Adolescent Health.

IMPLEMENTATION EVALUATION ABSTRACT: THE EVALUATION OF GUY TALK IN SOUTHERN ARIZONA

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Intervention Name

Guy Talk

Intervention Description

Guy Talk is a technology-supported universal primary prevention program designed to help adolescent boys build the necessary skills to make good life choices and resist risky behaviors, including risky sexual behavior. The Guy Talk program is designed as a 10-hour curriculum addressing developmental tasks considered critical for adolescent boys, including sexual attitudes and behaviors. Topics include: (1) understanding gender-role expectations; (2) managing emotions and feelings; (3) building positive peer groups, friendships, and leadership skills; (4) relationship management; (5) establishing independence through responsible decision making; (6) understanding healthy sexuality; (7) obtaining help and accessing resources; and (8) developing life skills for the future. Technology is a key component of the program and includes an interactive workbook delivered via a website and an app, "Condom Finder," which helps them find free condoms. Guy Talk is delivered before school, during school, after school, or on Saturdays, typically for two hours per week for five weeks in schools or for two Saturdays for five hours each day at the community site. It is designed to be delivered by a trained adult male group leader to between 6 to 15 boys in school or community-based settings. Guy Talk was originally developed by Dr. Craig LeCroy as an adaptation of the empirically supported female-specific program, Go Grrrls.

Comparison Condition

Business as usual.

Comparison Condition Description

Participants assigned to the comparison condition did not receive any portion of the intervention or an alternative program from the project during data collection activities. It was expected that they would not receive any other sexual health programming or other programming that would influence the outcomes of interest during the evaluation; however,

they were asked to provide information in surveys about sex education programming they received in the applicable timeframe. They became eligible to receive the intervention curriculum and its features after data collection activities were completed.

Sample and Setting

This evaluation took place in the Southern Arizona region. Evaluation staff recruited male high school freshmen to participate in the evaluation through school-wide outreach. The project recruited for each planned program delivery at the delivery site and at other nearby community sites with tabling, posters, targeted social media advertising, word of mouth, and so on. To be eligible for the study, participants had to be in the 9th grade, receive parental consent, have assented, and have been willing to participate in the intervention in the current semester. The study expected to enroll a total of 810 youth (405 intervention and 405 comparison) over 7 cohorts. The study defined cohorts by the timing of the baseline data collection session. Cohort 1 baseline data collection period was fall 2016, the baseline data collection period for Cohort 2 was spring 2017, and so on. The study included male students who participated in the intervention either at their high school or in a community setting.

Research Design and Data Collection

The research design is an individual randomized controlled trial. Evaluation staff randomly assigned youth to the Guy Talk intervention group or the waitlist comparison group. Study participants in both the intervention and comparison groups were asked to complete a baseline survey, an immediate post-test survey, and a 12-month post-program survey.

Study candidates who attended the kickoff session at each delivery site and provided parental consent, youth assent, and contact information completed the baseline survey (paper or online) before random allocation to the intervention or comparison group. Evaluation staff collected the baseline survey and conducted the random selection process. After selection, the comparison group left the session and the intervention delivery began curriculum programming immediately. Those selected to the comparison group were waitlisted for 12 months for program delivery.

Intervention group participants completed the immediate post-test survey on the last day of intervention delivery. Evaluation staff tracked intervention group participants who did not attend the last day and comparison group participants to complete the immediate post-test survey online within four weeks of the last day of program delivery. Evaluators collected the 12-month post-program survey from both the intervention and comparison groups online. To engage youth in survey collection at immediate post-test and 12-month post-program, the evaluation team contacted youth via phone, email, or text message.

For the implementation evaluation, the evaluators collected data on fidelity, attendance, and quality. The facilitator collected an attendance sheet at each session, and after each session completed a fidelity monitoring log. The evaluation team randomly selected 10 percent of all sessions to conduct a quality and fidelity observation. The text messaging service recorded the number of text messages sent and received. A Guy Talk website program feature recorded website usage.

Implementation Research Question(s)

1. **Study sample:** Will 810 boys ages 14-16 receive the finalized curriculum by end of Year 5: 135 in Year 2, 270 in Year 3, 270 in year 4, and 135 in Year 5 according to attendance sheets?
2. **Adherence:** In independent observations of 10% or more of the sessions, will facilitators deliver 80% or more of the curriculum elements?
3. **Dosage:** Will 90% of intervention participants receive at least 75% of the sessions by end of Year 4 according to attendance sheets?
4. **Dosage:** Will 85% of intervention participants who complete the program complete online workbook activities by their last session?
5. **Dosage:** Will 85% of intervention participants apply the phone app for locating free condoms based on the posttest (discharge) survey?
6. **Dosage:** Of intervention participants who apply the phone app for locating free condoms, will 85% report using it at the 12-month follow-up?
7. **Quality:** Will 85% of intervention participants report being satisfied or highly satisfied by the Guy Talk program on posttest satisfaction survey?
8. **Counterfactual:** Will control group participants receive significantly less sexual education during the program period than the intervention group, per participants' reports?

Key Implementation Findings

Independent observers found the Guy Talk curriculum was delivered with high amount of fidelity and 56% of program participants reported that they wouldn't change anything about the program and that they enjoyed the Guy Talk program exactly how it was delivered. The cut in federal funding significantly impacted the evaluation design and CFR's ability to recruit and retain a sufficient number of participants. While finding and hiring qualified facilitators was a challenge, most participants reported they were satisfied with the quality of the program and facilitation, and independent observers found the majority of participants were deeply engaged during program sessions.

IMPLEMENTATION EVALUATION OF GUY TALK IN SOUTHERN ARIZONA: FINDINGS FROM AN INNOVATIVE TEEN PREGNANCY PREVENTION PROGRAM

I. Introduction

There is a substantial need for effective teen pregnancy prevention programming in Arizona which ranks as having the 10th highest teen birth rate of any state in the country for girls 15-19 and continues to have a higher teen birth rate than the national average, with an average rate of 33 teen births per 1,000 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2013). High rates of STIs and the presence of other risk factors further emphasize the need for prevention programs in Arizona that emphasize sexual health. In 2010, 29% of all STIs reported in Arizona were in the 10-19 year old age group (Arizona Department of Health Services, 2010).

In addition, there is a significant need for evidence-based prevention programs that work for Hispanic adolescents. Birth rates for Hispanic and non-Hispanic African American teens are two-three times higher than non-Hispanic Caucasian teen birth rates (Ventura, Abma, Mosher & Henshaw as cited in National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 2009). In Arizona, the rate of births to Hispanic teens is particularly high at 52 births per 1000, compared to 33 in 1000 for Arizona teens generally (National Campaign to Prevent Teen and Unplanned Pregnancy, 2013). Further, according to national figures, Hispanics had three times the rate of HIV/AIDS and Chlamydia infections compared to Caucasians, and a 1.9 times higher rate for gonorrhea (Center for Disease Control, 2010). Only one program aimed at STI risk reduction that was developed with Hispanic teens, *Cuídate!*, is considered evidence-based, and there are no evidence-based programs aimed at reducing pregnancy outcomes for Hispanic adolescent boys for large, multi-cultural communities where enculturation levels vary widely even for Hispanic youth. Culturally *responsive* programming that works *across* ethnic groups is needed.

The behavior focus of *Guy Talk* includes targets often overlooked in prevention programming for boys, such as behaviors related to risk for pregnancy of sex partners; behavioral targets include, for example, healthy relationship skills, refusal skills, alternatives for sexual intercourse, and identification of cues for readiness. The sexuality curriculum emphasizes both STI/HIV prevention and pregnancy prevention, including contraceptive use and negotiating condom use, and is adapted from other evidence-based teen pregnancy prevention programs (e.g., *Reducing the Risk; Be Proud! Be Responsible!*). The curriculum also addresses underlying attitudes that promote sexual harassment and bullying by addressing both respect for girls/women and respect for the sexual/gender orientations of self and others.

In addition, the *Guy Talk* curriculum is based on developmental tasks considered critical for the healthy psychosocial development of adolescent boys, including: 1) understanding gender-role expectations (Belansky & Clements, 1992); 2) managing emotions and feelings (Markey, 2010); 3) building positive peer groups, friendships, and leadership skills (Jukea, 2002); 4) relationship management (Newman & Newman, 2011); 5) establishing independence through responsible decision-making (Jukea, 2002); 6) understanding healthy sexuality (SIECUS, 2004); 7) obtaining help and accessing resources (LeCroy, 2004a); and 8) developing life skills for the future (LeCroy, 2008).

Traditional peer group intervention models have used workbooks and handouts to generalize

engagement outside of the group. While this is a sound educational approach (LeCroy & Mann, 2008), it is not an optimal fit for youth populations. In our practical experience, workbooks are often forgotten, lost, or lose their utility as a learning tool. Further, the workbook/handout modality connotes homework which can further deter usage. As a companion resource to the *Guy Talk* curriculum, our program used a social media website. Evidence suggests that teenagers use technology as a primary access point to information about sex. Evers et al. (2013) found that teens reported Google as their main source to obtain information about health and topics that teens consider sensitive, such as sex, relationships and risky behaviors, are more naturally explored online (Suzuki & Calzo, 2004). Empirical studies have found that electronic media-based interventions are particularly impactful for adolescent health behavior change (Hieftje et al, 2013).

It should be noted, that while the grant awarded for this project was intended to provide evidence of program effectiveness, this report focuses on program implementation, not program effectiveness.

II. Intervention and comparison condition description

For each delivery of *Guy Talk*, up to 30 freshman boys were recruited to participate. Evaluation consent forms for parents and assent forms for boys were collected by the first session that described the study's experimental design and explained that evaluation data collection will take place with all qualified participants in the same time frame but that evaluation participants will be randomly chosen for inclusion in either the current program delivery or a delivery of *Guy Talk* to be offered in the following year.

A. Description of intervention as intended

Guy Talk was designed for delivery to groups of 10-15 adolescent boys by a trained adult male facilitator in settings including high schools, youth clubs, and social service sites. The curriculum is organized for delivery in two-hour increments, twice weekly, for eight weeks, however the format of instruction (duration/frequency, etc.) was adjusted to meet the needs of each agency that participated in the program. Special attention was paid to developing a program that is culturally responsive; curriculum contents are accessible for youth regardless of cultural/ racial background. The *Guy Talk* curriculum is based on developmental tasks considered critical for the healthy psychosocial development of adolescent boys, including: 1) understanding gender-role expectations (Belansdy & Clements, 1992); 2) managing emotions and feelings (Markey, 2010); 3) building positive peer groups, friendships, and leadership skills (Jukea, 2002); 4) relationship management (Newman & Newman, 2011); 5) establishing independence through responsible decision-making (Jukea, 2002); 6) understanding healthy sexuality (SIECUS, 2004); 7) obtaining help and accessing resources (LeCroy, 2004a); and 8) developing life skills for the future (LeCroy, 2008). The curriculum has detailed lesson plans, activities, and facilitator instructions and has been delivered across numerous groups over several years. The program is outlined in Figure 1 below.

Figure 1. Curriculum outline.

Week 1: Being a Guy in Today's Society	
<ul style="list-style-type: none"> • Pretest data collection • Establishing group standards • Confidentiality, right to pass, positive feedback. • Curriculum overview 	<ul style="list-style-type: none"> • Developing a positive male culture for the group • Media and masculine stereotypes • Male images • Female images

<ul style="list-style-type: none"> • Introduction to “workbooks and website • Get to know you activity 	<ul style="list-style-type: none"> • Talking back to the media • Identifying prosocial self-image
Week 2: Dealing with Emotions	
<ul style="list-style-type: none"> • Distinguishing between aggression, assertiveness, and passivity • Dating violence • Bullying behavior • Importance of communication 	<ul style="list-style-type: none"> • Recognizing someone else’s point of view, developing empathy Dealing with anger; • Dealing with anxiety and fear • Skills to “chill out.” • Strategies to stay happy
Week 3: Peer Group, Friendship, and Leadership	
<ul style="list-style-type: none"> • Popularity vs. meaningful relationships • Looking out for others; keeping the peer group in check • Empathy and friendship • Male friendships; female friendships 	<ul style="list-style-type: none"> • Leading vs. following • Standing up for yourself • Unhealthy alliances (deviant peers) and substance use
Week 4: Relationship Management	
<ul style="list-style-type: none"> • Practicing conversation techniques, communicating positive feelings, being kind • Friendship conflict • Dating (healthy, unhealthy relationships) • Managing conflict 	<ul style="list-style-type: none"> • Address dating violence. • Sexting, cyberbullying. • Sexual harassment • Skills of consent • Involving parents
Week 5: Independence and Responsible Decision Making	
<ul style="list-style-type: none"> • Being responsible for one’s decisions • Maturity and decision-making • Using problem solving skills in social situations • Assessing risk/ avoiding risk 	<ul style="list-style-type: none"> • Developing one’s values, self-respect • Reducing egocentric thinking; learning what it feels like to be her (or someone else) • Developing self-respect
Week 6 and 7: Healthy Sexuality	
<p><i>The male body</i></p> <ul style="list-style-type: none"> • How the penis works • Hormones • Secondary sexual characteristics • Sperm • Erections, ejaculation, masturbation • The female body • Sexual reproduction <p><i>Avoiding Pregnancy</i></p>	<p><i>Sexuality and health</i></p> <ul style="list-style-type: none"> • Self exams • Jock itch • Getting the HPV vaccine • Avoiding STIs • When to see a doctor <p><i>Confronting Stereotypes</i></p> <ul style="list-style-type: none"> • Myths and rumors about sex • Norms regarding sexual behavior

<ul style="list-style-type: none"> • Choosing not to have sex • Communicating about sex (planning skills) • Establishing boundaries and safe environments • Alternatives to sexual intercourse • Birth control methods • Finding and using condoms 	<ul style="list-style-type: none"> • Understanding the challenge of early childbearing • Review dimensions of “self-sufficiency” that reflect preparedness for fatherhood • Maintaining self-control: urges, pornography, and drug use • Understanding sexual orientation; being inclusive
Week 8: Developing Life Skills	
<ul style="list-style-type: none"> • Pursing life goals • Developing and planning for your life • Defining success 	<ul style="list-style-type: none"> • Building self sufficiency • Exercise and fitness • Building self-acceptance and happiness

In addition to a fully content-integrated website, our program sought to increase the community impact of the intervention by increasing access to and usage of prophylactics. Barriers to condom use for boys, especially early in their sexual lives, include access and cost (Mustanski et al., 2014). With this in mind, we planned to develop a real-time mapping phone application (‘app’) that pinpointed locations that already provided free condoms (e.g. Planned Parenthood, clinics) as well as locations we would enlist and to whom we regularly supplied condoms (e.g. youth centers, coffee house restrooms, etc.). Several large metropolitan regions have developed condom locator phone apps that provide community members with locations of all no-cost condoms in the region with positive results (iCondom Philly App, NYC Condom), supporting research indicating that integrating media messaging and product distribution is significantly more effective in impacting safe-sex behavior change (Robinson et al, 2014).

B. Description of comparison condition

A control group was developed using random assignment of qualifying individuals to a waitlist; waitlist members engaged in evaluation activities during their freshman year to provide data for the randomized control trial of Guy Talk and then were given the opportunity to attend the Guy Talk program during their sophomore year. No services were offered to wait-listed control group members during the experimental study period. Follow-up data was collected from wait-listed control group members prior to their participation in *Guy Talk*. Where intervention and control group members were in the same school, there were risks that some contamination from sharing program information could occur. We limited contamination by minimizing access to the *Guy Talk* website and related activities for control group members through password protection until the control group was engaged in program delivery *following* their involvement in the evaluation. We also assessed for contamination in our post survey. By using a wait-listed control group that receives the intervention, our ability to recruit was enhanced because we were not randomly assigning to a group that receives no intervention—something parents and schools frequently find frustrating.

III. Implementation Evaluation

A process evaluation is important to understanding how a program works and testing the program theory. A process evaluation was conducted to document the implementation of the Guy Talk program.

A. Research questions

1. **Study sample:** Will 810 boys ages 14-16 receive the finalized curriculum by end of Year 5: 135 in Year 2, 270 in Year 3, 270 in year 4, and 135 in Year 5 according to attendance sheets?
2. **Adherence:** In independent observations of 10% or more of the sessions, will facilitators deliver 80% or more of the curriculum elements?
3. **Dosage:** Will 90% of intervention participants receive at least 75% of the sessions by end of Year 4 according to attendance sheets?
4. **Dosage:** Will 85% of intervention participants who complete the program complete online workbook activities by their last session?
5. **Dosage:** Will 85% of intervention participants apply the phone app for locating free condoms based on the posttest (discharge) survey?
6. **Dosage:** Of intervention participants who apply the phone app for locating free condoms, will 85% report using it at the 12-month follow-up?
7. **Quality:** Will 85% of intervention participants report being satisfied or highly satisfied by the Guy Talk program on posttest satisfaction survey?
8. **Counterfactual:** Will control group participants receive significantly less sexual education during the program period than the intervention group, per participants' reports?

B. Implementation evaluation data sources and methods

Attendance was monitored through attendance sheets collected by facilitators at each session of each delivery. Fidelity monitoring logs developed by the evaluator were completed by facilitators for each session and provided to the evaluator. LeCroy & Milligan Associates observed and documented activities for 10% or more of the Guy Talk sessions using tools developed in Year 1 to assess adherence to the curriculum and the program (the degree to which the facilitators follow the protocol during the sessions) and integrity (the facilitators' skill in performing all parts of the curriculum). Delivery quality was assessed through evaluator observations of Guy Talk sessions and anonymous satisfaction surveys collected in each delivery of Guy Talk in which participants were encouraged to share perspectives on neglected curriculum topics and general improvements needed to the curriculum content and program facilitation.

IV. Implementation results

Independent observers found the Guy Talk curriculum was delivered with high amount of fidelity and most of the program participants reported that they appreciated the learning opportunity. The cut in federal funding significantly impacted the evaluation design and CFR's ability to recruit and retain a sufficient number of participants. While finding and hiring qualified facilitators was a challenge, most participants reported they were satisfied with the quality of the program and facilitation, and independent observers found the majority of participants were deeply engaged during program sessions.

A. Study sample

Recruiting and retaining the intended number of participants for the Guy Talk study after the federal funding was terminated early proved to be a challenge.

1. *Goal:* We aimed for the Guy Talk program to be delivered to an estimated 810 adolescent boys ages 14-16 who were freshmen in high school, in groups of 10-15 in Years 2-5; the total 810 participants were to include 405 intervention group and 405 wait-listed control group members. We aimed to have Guy Talk implemented in safe, public physical environments in Southern Arizona such as high schools, youth clubs, and social service sites, by trained adult male facilitators. At the beginning of the project, three Tucson high schools: Cholla High School, Tucson High School, Sunnyside Unified School District expressed interest in serving as Guy Talk sites for this project, and the evaluation team planned to secure at least two additional partners in the planning year. Participation was open to boys of all race/ethnicities regardless of LGBTQ status.
2. *Recruitment & Enrollment:* We planned for participants in the impact evaluation to be recruited to the evaluation when they were recruited to participate in the Guy Talk program. We aimed to recruit 270 participants (135 in the intervention group and 135 in the control group) each year from Year 2 through Year 4.

Recruitment and retention was aided by our past experience with a similar population and similar implementation partners. We found that schools and social programs are looking for attractive after school programs. CFR has strong relationships with many schools and community agencies that support efforts to implement and further study *Guy Talk*. We refined our recruitment procedures, improving our ability to obtain a larger number of participants by using recruitment strategies that have worked effectively with previous deliveries of this program and the sister-program Go Grrrls (e.g., holding noontime events at the schools and setting up a table at school orientations).

Recruitment strategies, including posters, referrals by school and community allies, and word-of-mouth, were planned for each fall and spring in high school settings and year-round in community settings. Financial incentives can be effective for recruiting the target population and were deliberately built into the Guy Talk program and evaluation. Program staff from CFR, who had prior experience recruiting and retaining large samples of adolescents, were responsible for recruiting youth.

3. *Sites and Youth Enrolled:* Thirteen schools in Southern Arizona served as sites for this study, including 11 high schools and 2 middle schools; 6 CFR sites and 1 community center also participated. In total, 362 eligible youth, ages 13-17, enrolled in the study and took the pre-test;

170 participants in the control group and 192 participants in the intervention group completed all three surveys (baseline, post-test and 3-month follow-up). While CFR originally intended only to partner with high schools, because CFR experienced difficulty finding sufficient high school partners, recruitment efforts were expanded to include 13-year-old and 14-year-old students in 8th grade in middle schools. CFR recruited an ethnically diverse sample: 72.5% of participants recruited for the Guy Talk study were Hispanic; 12.5% were Other/Non-Hispanic; and 0.8% were Black/Non-Hispanic. See Table IV.1 below for baseline characteristics for the enrolled sample.

Table IV.1 Characteristics of the enrolled sample

Characteristic	Intervention Group Prevalence Rate or mean	Control Group Prevalence Rate or Mean	Total Sample Prevalence Rate or Mean
Sex			
Male	100.0%	100.0%	100.0%
Female	0.0%	0.0%	0.0%
Age			
Age	14.68	14.68	14.68
Race/Ethnicity			
Hispanic (any race)	74.3%	70.4%	72.5%
White, non-Hispanic	14.1%	14.2%	14.2%
Black or African American, non-Hispanic	0.5%	1.1%	0.8%
Other, ¹ non-Hispanic	11.0%	14.2%	12.5%
Ever had sex			
Ever had sex	20.9%	17.6%	19.4%
Had sex in the last 3 months			
Had sex in the last 3 months	9.5%	9.4%	9.4%
Had risky sex in the last 3 months			
Had risky sex in the last 3 months	4.8%	6.6%	5.6%
Sample size	192	170	362

As planned, CFR used multiple recruitment strategies such as, distributing posters and fliers, referrals by school and community partners, word-of-mouth, lunch time tabling, and presentations at school events and assemblies. In addition, CFR ran a television commercial from June 2017 to August 2017 to invite potential participants to register for the Guy Talk program online and CFR program staff attended parent events, such as PTO meetings and parent-teacher conferences, to raise awareness about the Guy Talk program. Financial incentives were provided as planned to encourage enrollment: Prospective participants were offered gift cards were provided at the baseline, post-test and 3-month follow-up time points and for completing one of the online unit workbooks. Starting in Fall 2017, participants who completed all three surveys were invited to enter a drawing for a \$100 gift card and participants in the intervention group who attended all of the Guy Talk sessions or had only one excused absence received a gift to encourage them to attend sessions and complete all of the surveys.

Box 1. Sample

72.6% of participants recruited for the Guy Talk study were Hispanic; 12.4% were Other/Non-Hispanic; and 0.8% were Black/Non-Hispanic

The Guy Talk study ended up with unequal sample sizes because often in a particular cohort, there would be an odd number of participants, and during randomization facilitators placed the last remaining participant in the intervention group so that as many participants as possible could receive the intervention right away. In addition, there was less contact

with control participants, because they initially were not attending the Guy Talk sessions. Therefore, it was more difficult to request participants in the control group complete post-tests and follow-up surveys and assure their commitment to the project. As a result, there were fewer post-tests and follow-up surveys completed by control participants than participants in the intervention group.

4. *Recruitment Challenges/Barriers & Solutions:* Enrollment for this study ended early in March 2018 due to the cut in federal funding effective June 2018. As a result, CFR had less time to recruit participants for the study and did not have sufficient time to establish Guy Talk as a well-known program. Because the Guy Talk program did not have sufficient time to establish itself, CFR experienced difficulty recruiting high-risk youth in locations such as foster care homes and youth in juvenile detention centers. In addition, the Community Justice Board required a guarantee that their youth would receive programming immediately, which was not possible because the study was a randomized controlled trial. It was also challenging to recruit youth to participate in the Guy Talk program at the community sites involved in the study, because few youth were willing to attend sessions on weekends. Multiple workshops at the community sites were canceled due to low attendance. To resolve these challenges, CFR worked on building relationships with other community organizations such as the Southern Arizona AIDS Foundation and Big Brothers/Big Sisters, to recruit more high-risk youth into the program.

An additional challenge related to recruitment was ensuring that youth brought in their completed consent form from their parents on or before the first session so that they were able to participate in the study. Parents were given two options: To send in the forms in advance of the first session, or to attend a parent meeting where they could learn more about Guy Talk, have their questions answered and complete a consent form. The parent meetings were not well attended. To overcome this barrier, a CFR recruitment specialist was hired to call youth and remind them to bring in their consent forms. In addition, to increase the likelihood that youth would bring in their consent forms, CFR offered a gift card to prospective participants who brought in their consent form and a friend to the first session.

B. Adherence

1. Staffing and training.

a. *Goal:* CFR aimed to recruit and retain a Guy Talk program assistant, program supervisor, and program director, as well as 10 part-time Guy Talk facilitators for this study. CFR's goal for training was to provide monthly trainings on a variety of relevant topics to all program staff, and to offer the opportunity for staff to attend outside trainings as well. The Guy Talk program director, program supervisor and program assistant all helped identify and secure professionals in the community who could lead the trainings.

b. *Brief description of data and methods:* Hiring, training programming and attendance at monthly trainings was tracked and monitored by the Guy Talk program director.

c. *Results:* The program director, program supervisor and program assistant positions were filled as expected. It proved more difficult to hire and retain program facilitators. See Table IV.2 below for a breakdown of staffing adherence.

Table IV.2 Staffing Adherence

Type of staff to be hired	Expected FTE	Actual FTE hired
Program Director	1.0	1.0
Program Supervisor	1.0	1.0
Program Assistant	1.0	1.0
Facilitators	5.0	2.0
Recruitment Specialist	0.0	1.0

Table IV.3 Training Adherence

Training name	Frequency of training	Type of staff involved	Content of training	Percentage of expected staff who attended
Guy Talk curriculum	Annually	All staff	Contents of Guy Talk curriculum	100%
Data Collection protocols	Annually	All staff	How to complete fidelity and attendance logs	100%
Guy Talk website	Annually	All staff	Orientation to Guy Talk website	100%
Trauma-Informed Practices	Annually	All staff	How to teach participants who have been affected by trauma	100%
Referral Techniques	Annually	All staff	How to offer referrals to participants	100%
LGBTQ Inclusivity	Annually	All staff	Best practices for LGBTQ inclusivity	100%
Mandatory Reporting	Annually	All staff	Mandatory reporting regulations	100%

d. *Challenges/Barriers & Solutions:* CFR experienced significant challenges finding qualified male staff who had experience working with youth to serve as facilitators. At the beginning of the study, CFR hired 6 part-time facilitators. When it became apparent that finding part-time facilitators would be a challenge, CFR decided to try to recruit two full-time facilitators, however this proved to be equally as challenging. During the course of the study, one full-time facilitator had to be terminated. For the remainder of the study, only one full-time facilitator and 2-3 part-time facilitators were working at any given time and CFR needed more help. To try to resolve this issue, CFR reached out to community contacts and local universities to recruit additional facilitators, however their efforts were not successful.

CFR did not experience any challenges providing monthly trainings to all Guy Talk program staff. The trainings were well attended, and the program director and supervisor were able to find professionals in the community to lead trainings as needed.

2. Content.

Facilitators were asked to complete a brief fidelity survey online within 24 hours after they delivered the curriculum for each unit. The fidelity survey asked them to assess to what extent they adhered to the expected program content. In addition, to the fidelity logs that facilitators completed, independent observers from LMA attended Guy Talk sessions and recorded how many planned activities the facilitators completed during session.

a. *Goal:* The intended goal was for independent observers to attend at least 10% of Guy Talk sessions, and for facilitators to deliver 80% or more of the curriculum elements during sessions, as determined by independent observers.

b. *Brief description of data and methods:* During independent observations, the number of activities completed by facilitators was compared to the number of planned activities for any given session to determine whether the curriculum was being implemented with fidelity. The average percentage of completed activities for each facilitator was calculated and finally, the facilitators' averages were used to compute the total average percentage of completed activities.

In the fidelity logs, facilitators were asked to record the start time and end time of the session. Then, for each unit activity, they were asked to indicate whether they implemented the activity exactly as it appears in the manual, implemented the activity with changes or did not implement the activity at all; and to rate the level of student engagement during the activity. If facilitators indicated they made changes to the curriculum, they were asked to describe the changes they made, and if facilitators reported they did not complete a certain activity, they were asked to explain why. At the end of each module's fidelity survey, facilitators were asked to describe any challenges they encountered while delivering the content.

c. *Results:* Facilitators completed an average of 91.4% of the planned activities in the curriculum during observations. Facilitators' averages ranged from 70.0% to 100.0%. These results from the independent observations are consistent with the results from the fidelity surveys completed by facilitators: 98.4% of facilitators reported they completed the activities exactly as they appeared in the Guy Talk manual.

d. *Challenges/Barriers & Solutions:* Facilitators who reported they did not complete the activities exactly as outlined in the manual cited multiple reasons, listed below.

- Challenge: The randomization process on the first day took longer than expected and did not leave enough time to complete all of the activities as planned.

Solution: CFR determined which activities could be shortened to allow more time for the randomization process and LMA explored ways the randomization process could be performed more efficiently.

- Challenge: The group started late due to transportation problems or late arrivals of participants, and the facilitator did not have enough time to complete all of the planned activities.

Challenge: The facilitators stayed longer on another discussion topic and not did not have enough time to complete all of the planned activities for a given module.

Challenge: The group had to end early due to school/site scheduling constraints.

Challenge: The group's room was changed at the last minute and the facilitator did not enough time to set up beforehand, and the group started late.

Solution: Facilitators condensed some of the planned activities.

- Challenge: The facilitator did not have the necessary supplies to complete the activity as planned.

Solution: The program assistant helped facilitators pack their supplies before each workshop and provided checklists to each facilitator to help them remember what they needed to bring to each session. The program assistant was available to bring supplies to facilitator if they left something behind and called in during session. In addition, if facilitators were missing supplies, they used other materials available to complete the activity. For instance, one facilitator who did not have the doll and shirt required to complete an activity, used easel paper and post-it notes instead.

- Challenge: The Internet or video application did not work properly, and planned videos could not be shown to participants.

Solution: Facilitators notified program staff so that the equipment could be fixed for the next session.

- Challenge: The participants had trouble logging into the Guy Talk website.

Solution: Program staff emailed LMA for assistance with changing the user's username and/or password.

- Challenge: The anonymous question box on the Guy Talk website did not work, or there were not any anonymous questions received through the website.

Solution: Facilitators put out a box in the classroom for anonymous suggestions, or opened the floor for discussion and questions.

- Challenge: Facilitators did not have enough participants to complete an activity as planned.

Solution: Facilitators completed the activity in one big group instead of breaking up into small groups, or asked participants to write down their answers individually and share them with the group.

- Challenge: Facilitators did not have very many participants and they got through the material in a short amount of time.

Solution: Facilitators opened the floor for discussion and questions.

- Challenge: Participants were hyperactive, tired, talked too much, didn't have anything to say, played on their cell phones, behaved immaturely or were shy, and the facilitator had difficulty engaging the group.

Solution: Program staff provided a resource, which described different ways teachers can effectively manage difficult classroom behavior, to facilitators that needed help.

- Challenge: Participants did not fully understand English.

Solution: Facilitators spoke slowly and repeated what they said so these participants had time to process the material.

C. Dosage

1. *Goal:* We aimed for 90% of intervention participants receive at least 75% of the sessions by end of Year 4 according to attendance sheets. We also aimed for 85% of intervention participants to report that they used the Condom Finder phone app for locating free condoms at the post-test; and that 85% of these participants would report using Condom Finder at the 12-month follow-up. Last, we aimed for 85% of intervention participants who completed the program to complete online workbook activities by their last session.

2. *Brief description of data and methods:* At each session, participants were asked to sign an attendance sheet and facilitators inputted the attendance record into the Guy Talk website portal. Because the curriculum was delivered in different formats, depending on the site location, the percentage of attendance for each participant was calculated based upon the number of meetings each group had, rather than the number of units in the curriculum. "Incomplete" student attendance for any given session was recoded as an absence. An average attendance rate was calculated based on a sample of the sites that participated in the study.¹ In addition, the number of students in the sample who attended at least 75% of the sessions was computed and a percentage was taken.

Box 2. Dosage

Participants in the intervention group attended, on average, 88.8% of the Guy Talk sessions.

The Condom Finder application was integrated into the website, rather than developed as a phone app (see 'Challenges' below). In addition, the 12-month follow-up was changed to a 3-month follow-up due to loss of funding. Rather than asking participants if they used the Condom Finder application during the post-test and 3-month follow-up, usage of the Condom Finder website application was tracked using the Google Analytics platform, which reports the number of participants who access links on the website.

The Guy Talk website tracked how many intervention participants who attended Guy Talk sessions completed all of the activities in each online unit workbook. The number of participants who

¹ Attendance was calculated from a sample of the participating sites due to inconsistency with the attendance data. The sample consisted of four high schools, one middle school and two CFR sites.

completed the program (i.e., attended the Guy Talk sessions and completed all three surveys) was tracked in separate database by LMA. Using this data, the percentage of completers who worked through all of the online workbooks was calculated.

3. *Results:* The average student attendance rate was 88.8%. 81.8% of participants in the sample received at least 75% of the sessions. Two participants (0.01%) accessed the Condom Finder phone app during the study period. See Table IV.4 below for a breakdown of the percentage of completers who finished each online unit workbook.

Table IV.4 Online Workbook Completion

Workbook	Participant Completion (%)
Unit 1	71.9%
Unit 2	82.7%
Unit 3	77.8%
Unit 4	76.2%
Unit 5	50.2%

4. *Challenges/Barriers & Solutions:* LMA encountered a challenge finding professionals who could develop the Condom Finder phone application. In order to make this resource available to participants and work around this challenge, the Condom Finder was developed as a website application that participants could access through the Guy Talk website. CFR identified and partnered with the locations listed in the condom finder and provided them with “brown bags” to distribute. In addition to making the website application available for participants, in session, facilitators provided participants with information about places in the community (CFR partners) where they could get free condoms. Therefore, although the number of participants who accessed the Condom Finder application was low, information about how to find free condoms was accessible.

Although the intention was to ensure participants completed each unit’s workbook before moving on to the next workbook, the website did not enforce this for all of the workbooks. For example, participants were free to move on to unit 2 if they didn’t complete unit 1. The only case where participants were not allowed to move forward in the curriculum was when it came to completing the final unit workbook. In order to complete the unit 5 workbook, which asked participants to reflect on their experience in Guy Talk, participants had to complete workbooks 1-4.

D. Quality

An anonymous satisfaction survey was collected in each delivery of Guy Talk, in which participants were encouraged to share perspectives on neglected curriculum topics and general improvements needed to the curriculum content and program facilitation. In addition, independent observations of Guy Talk sessions provided evidence about the quality of program delivery.

1. Goal: We aimed for 85% of intervention participants to report that they were satisfied or highly satisfied by the *Guy Talk* program on posttest satisfaction survey.

2. *Brief description of data and analytic method:* Although participants were not asked how satisfied they were with the program, as described above, participants were asked to share perspectives on what they liked and what could be improved with the Guy Talk program. Qualitative analyses were performed for answers to both questions. The responses were grouped into categories and the percentage of responses in each category were then calculated.

Box 3. Quality

When asked what they didn't like about Guy Talk and what could be improved, 56% of participants reported they would not change anything and/or they liked everything about Guy Talk.

The “Program (Quality) Observation Form for TPP Grantees” was used by 7 independent observers to evaluate the quality of programming delivered by facilitators [Appendix A]. Aspects of quality were rated on a 5-point scale, with 5 as the highest score (“excellent”) and 1 as the lowest score (“poor”).

At the end of the program, facilitators were asked to rate how confident they felt delivering the curriculum throughout the course of the program by selecting either “Always”, “Most of the time”, “Sometimes” or “Not at all”. The percentage of facilitators who selected each of these four options was calculated. In addition, after every unit, facilitators were asked to rate the engagement level of the students as either “highly engaged [2]”, “moderately engaged [1]”, or “not at all engaged [0]”. An overall average engagement score was calculated from these ratings.

Results: 73% of the participants in the intervention group completed the first satisfaction question that asked participants what they liked about the Guy Talk program. One-hundred percent of the respondents provided at least one thing they enjoyed about Guy Talk and none of the participants reported they didn't like anything. Sixty percent of participants reported they appreciated the useful information that was provided. See Table IV.5 for a complete breakdown of the responses.

Table IV.5 Participant Appreciation

Feedback	Participants (%)
Useful Information Provided	60%
Learning about Preventing Diseases/Safe Relationships	9%
Learning about "Being a Guy"	4%
Learning How to Use a Condom	3%
Learning Right from Wrong	2%
Learning about Myself	2%
Learning about Male Anatomy	2%
Felt Safe, Comfortable, Respected, Welcomed	20%
The Fun Way Material Was Presented	15%
Making New Friends	8%
Facilitators	7%
"Everything"	6%
Information Presented in a Relevant Way	3%
Gifts/Food/Time Off from Classes	3%

Seventy-two percent of participants completed the second satisfaction question, which asked participants to describe what they didn't like about Guy Talk and what could be improved; 56% of participants reported they would not change anything and/or they liked everything about Guy Talk. Four percent of the participants reported they wished the Guy Talk program would be longer and go into greater depth. See Table IV.6 below for a complete breakdown of responses.

Table IV.6 Participant Satisfaction

Feedback	Participants (%)
Liked Everything – Would Not Change Anything	56%
Suggested Improvements	48%
Not Enough Participants	8%
Not Enough Food/Food Was Not Good	6%
Program Was Too Short	4%
Website Errors/Website Not Mobile-Friendly/Website Not Interactive Enough	4%
Didn't Like the Facilitator	2%
Room Was Too Small/Didn't Have Our Own Room	2%
Didn't Like Missing Other Classes/Schedule Conflicts	2%
Too Much Talking/Discussion	2%
Not Fun/Interesting Enough	2%
Not Enough Activities/Videos	2%
Didn't Like Specific Activities	2%
Awkwardness During Sessions	2%
Didn't Like the Other Participants	1%
Communication with Program Staff Was Difficult	1%
Problems with Classroom Technology	1%
Everything Was Planned/Too Formal	1%
Program Was Too Long	1%
Surveys Were Not Fun	1%
Not Enough Resources Were Provided	1%
Too Much Talk About Abstinence	1%
Didn't Like Talking About Sex	1%
Didn't Like Negative Attitude Towards Pregnancy	1%
Unknown	1%

Across activities and units, the mean participant engagement score was 1.62, which indicates on average, participants were more than moderately engaged in the curriculum according to facilitators. Table IV.1 below displays the mean ratings on a variety of quality measures that independent observers completed when they visited sessions. All of the scores are above 4, indicating that on average, the program delivery was of high quality. In addition, 91.0% of facilitators rated that they “always” felt confident delivering the curriculum throughout the Guy Talk program; 8.9% of facilitators indicated that they felt confident “most of the time”; and there weren’t any facilitators who reported they felt confident “sometimes” or “not at all”. This finding supports other results discussed above that indicate the quality of program delivery was quite high.

Table IV.7 Quality Ratings

	Sessions Observed	Mean Score	Standard Deviation
Explanation of activities	36	4.64	0.54
Track of time	35	4.74	0.51
Presentation not rushed	35	4.69	0.58
Participants understand	34	4.59	0.70
Active participation	35	4.43	0.78
Knowledge	36	4.39	0.87
Enthusiasm	36	4.56	0.65
Poise	35	4.57	0.70
Rapport	36	4.72	0.61
Addressed Concerns	35	4.71	0.62
Overall Quality Rating	36	4.47	0.81

Challenges/Barriers & Solutions: One challenge encountered during the observation process was the difficulty independent observers had using the GoPro camera recordings to observe sessions. Some of the recordings were cut off or were lacking audio, and at times independent observers could not view the entire session. To resolve this issue, LMA hired additional staff to conduct on-site observations.

Another barrier to improving program quality during the study period was that some independent observers did not include detailed explanations of the challenges the facilitators confronted and areas for improvement. This made it difficult for Guy Talk program staff at CFR to provide critical feedback to facilitators and help them develop their facilitation skills.

E. Counterfactual

Participants in the control group did not receive any Guy Talk programming during the study period. They were wait-listed so they could receive the curriculum after they completed their 3-month follow-up survey. In order to compare the sex education received during the study period by participants in the control group with participants in the intervention group, participants were asked in the baseline survey, post-test and 3-month follow-up if they received information about sex in the last year. The responses from the control and intervention groups were compared using chi-squared tests. At baseline, there were not any significant differences between sex information received by the control group and the

intervention group. At the post-test, participants in the intervention group reported they received information about sex in the past year significantly more than the control group ($p < 0.05$). Similarly, at the 3-month follow-up, participants in the intervention group reported they received information about sex in the past year significantly more than the control group ($p < 0.01$). These results suggest that participants in the control group received significantly less sex education in the past year compared to the intervention group.

F. Additional Context

The loss of federal funding during Year 3 of the Guy Talk study made it difficult to recruit and retain a sufficient number of participants. Because of the decision to end federal funding in June 2018, the 12-month follow-ups had to be changed to 3-month follow-ups. As a result, some of the participants became ineligible to complete their follow-up survey because they missed the new 3-month window. In addition, some participants did not have time to complete the 3-month follow-up before the end of the study. Last, the evaluation project, which focused on measuring lasting behavioral change in male adolescents, was affected because evaluators could no longer assess participants' behavior a year after the intervention.

V. Unplanned program adaptations

Apart from the change in timing of the follow-up surveys that were administered due to the loss of funding which is described above under 'Additional Context', and minor substitutions of materials for specific activities in the curriculum, there were no known program adaptations for the Guy Talk program.

VI. Conclusions and lessons learned

We were unable to recruit the number of participants we aimed to enroll, partly due to the loss of funding in June 2018. Over half of the participants that did complete the program, however, reported that they liked the Guy Talk program exactly how it was delivered and wouldn't change anything about it. If we have the opportunity to expand the program in the future, we would spend more time problem solving and finding solutions to the challenges that were encountered related to recruitment, so that more male adolescents could benefit from the program and the participants in the program have sufficient number of peers to interact with. In addition, we would work on improving the website to make it easier for participants to get online and complete the online workbooks. Last, although it was challenging to find qualified program facilitators, the facilitators that were hired to deliver the curriculum were rated highly by both independent observers and participants.

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APPENDIX A: PROGRAM (QUALITY) OBSERVATION FORM

Program (Quality) Observation Form for TPP Grantees

Grantee:	Program Implementer(s):
Location:	
Observer:	Session Number/Name:
Observation Date:	Duration of Session:
	# of Participants:

Introduction: The purpose of the observation form is to measure the fidelity and quality of implementation of the program delivery. Please use the guidelines below when completing the observation form and *do not* change the scoring provided; for example, do not circle multiple answers or score a 1.5 rather than a 1 or a 2.

You should complete the observation form *after viewing the entire session*, but you should read through the questions prior to the observation. It is also helpful to take notes during your viewing; for example, for Question 1, each time an implementer gives explanations, place a checkmark next to the appropriate rating.

Instructions: The following questions assess the overall quality of the program session and delivery of the information. Use your best judgment and do not circle more than one response.

1. In general, how clear were the program implementer’s explanations of activities?

1
2
3
4
5
Not clear
Somewhat clear
Very clear

- 1 - Most participants do not understand instructions and cannot proceed; many questions asked.
- 3 - About half of the group understands, while the other half ask questions for clarification.
- 5 - 90-100% of the participants begin and complete the activity/discussion with no hesitation and no questions.

2. To what extent did the implementer keep track of time during the session and activities?

1
2
3
4
5
Not on time
Some loss of time
Well on time

- 1- Implementer does not have time to complete the material (particularly at the end of the session); regularly allows discussions to drag on (e.g., participants seem bored or begin discussing non-related issues in small groups).
- 3 - Misses a few points; sometimes allows discussions to drag on.
- 5 - Completes all content of the session; completes activities and discussions in a timely manner (using the suggested time limitations in the program manual, if available).

3. To what extent did the presentation of materials seem rushed or hurried?

1 2 3 4 5
Very rushed Somewhat rushed Not rushed

- 1- Implementer doesn't allow time for discussion; doesn't have time for examples; tells participants they are in a hurry; body language suggests stress or hurry.
- 3 - Some deletion of discussion/activities; sometimes states but does not explain material.
- 5 - Does not rush participants or speech but still completes all the materials; appears relaxed.

4. To what extent did the participants appear to understand the material?

1 2 3 4 5
Little understanding Some understanding Good understanding

Use your best judgment based on participant conversations and feedback.
Roughly: 1 - Less than 25% seem to understand; 3 - About half; 5 - 75-100% understand.

5. How actively did the group members participate in discussions and activities?

1 2 3 4 5
Little participation Some participation Active participation

Use your best judgment based on listening to the discussions and feedback.
Roughly, 1 - Less than 25% participate; 3 - About half participate. 5 - 75-100% participate

6. On the following scale, rate the implementer on the following qualities:

a) Knowledge of the program

1 2 3 4 5
Poor Average Excellent

- 1 - Cannot answer questions, mispronounces names; reads from the manual.
- 5 - Provides information above and beyond what's in the manual; seems very familiar with the concepts and answers questions with ease.

b) Level of enthusiasm

1 2 3 4 5
Poor Average Excellent

- 1 - Presents information in a dry and boring way; lacks personal connection to material; appears "burned out."
- 5 - Makes clear that the program is a great opportunity; gets participants talking and excited; outgoing.

c) Poise and confidence

1 2 3 4 5
Poor Average Excellent

- 1 - Appears nervous or hurried; does not have good eye contact.
- 5 - Does not hesitate in addressing concerns. Well organized, not nervous.

d) Rapport and communication with participants

1 2 3 4 5
Poor **Average** **Excellent**

1 – Doesn't remember names; does not "connect" with participants; acts distant or unfriendly.

5 - Gets participants talking and excited; very friendly; uses people's names when appropriate; seems to understand the community and its needs.

e) Effectively addressed questions/concerns

1 2 3 4 5
Poor **Average** **Excellent**

1 - Engages in "power struggles"; responds negatively to comments; gives inaccurate information; doesn't direct participants elsewhere for further info.

5 - Answers questions of fact with information, questions of value with validation; if doesn't know the answer, is honest about it and directs them elsewhere.

7. Rate the overall quality of the program session.

1 2 3 4 5
Poor **Average** **Excellent**

Summary measure of all the preceding questions. Assesses both the extent of material covered and the performance of the implementer.

Excellent sessions looks like:

- Participants are doing rather than talking about activities
- Non-judgmental responses to questions
- Answering questions of fact with information, questions of value with validation
- Good time management and well organized
- Adequate pacing—not too fast and did not drag
- Using effective checks for understanding.

Poor sessions look like:

- Lecture-style of presenting the content
- Reading the content from the notebook
- Stumbling along with the content and failing to make connections to what has been discussed previously or what participants are contributing.
- Uninvolved participants
- Getting into power struggles with participants about the content.
- Judgmental responses
- Flat affect and boring style
- Unorganized and random
- Loses track of time.