

OFFICE OF ADOLESCENT HEALTH

GUIDANCE FOR PREPARING AN ANNUAL PROGRESS REPORT



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Office of Adolescent Health
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PART ONE: GENERAL INSTRUCTIONS

Eligibility

This document provides guidance on the preparation of an annual progress report and federal financial report for OAH grantees.

Purpose

The purpose of the annual progress report and federal financial report are to:

- Report on the progress of the project during the recently completed budget period.
- Provide a statement of expenditures associated with the grant during the recently completed budget period.

The OAH Guidance for Preparing an Annual Progress Report describes the content and submission procedures for completing the annual progress report and federal financial report. Annual progress reports will be reviewed by the OAH Project Officer and the Office of Grants Management (OGM) Grants Management Specialist. The annual progress report must provide detailed information on the progress in accomplishing goals and objectives during the recently completed budget period.

PART TWO: ANNUAL PROGRESS REPORT SUBMISSION

The annual progress report and all supporting documents must be received no later than Friday, **November 30, 2012**.

Electronic Submission (required)

The annual progress report, including all required documents, should be submitted to OAH and OGM electronically via email. All required reporting documents should be sent directly via email to the assigned OAH Project Officer and OGM Grants Management Specialist. Grantees should include the grant number on all submissions.

The federal financial report is now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module. You must submit the federal financial report by December 29, 2012.

PART THREE: ANNUAL PROGRESS REPORT CONTENT

The annual progress report should include:

- Table of contents
- Twelve-month progress report that includes a detailed summary of the status of planned activities for the recently completed budget year
- Evaluation progress update (*for TPP Tier 1 C/D and Tier 2 grantees only*)
- One or more success stories from the recently completed budget period
- Additional materials in the appendices

The contents of the report should be properly labeled and numbered. Content should be concise, complete and written in 12-point font. Adherence to the following guidelines will facilitate the review of the annual progress report.

I. TABLE OF CONTENTS

A Table of Contents outlining the components of the annual progress report is required and will provide assurance that the report is complete.

II. a. TWELVE-MONTH PROGRESS REPORT

The twelve-month progress report should describe the completion of objectives and activities during the entire recently completed budget period as reflected in your Notice of Grant Award (September 1, 2011 – August 31, 2012).

The progress report is a mechanism through which grantees can detail their accomplishments and activities over the past year. The report should add to the six-month progress report submitted with the continuation application in May and include a summary of progress for the entire 12-month project period. The progress report should include a thorough description of both programmatic and evaluation objectives and activities.

All goals, objectives, and activities identified in the annual progress report should be clearly connected. Each activity identified and described should directly support a corresponding objective.

In order to appropriately document the progress of the grant, the progress report should include explanations for each objective and activity identified. Explanations for achieving or not achieving the identified activity should include supportive statements. Descriptions supporting the accomplishment of the activity should provide more information than a “yes” or “no” response.

The progress report should:

- Describe the status (met, ongoing, or unmet) of each objective and activity.
- Provide a narrative describing what has been done to work toward accomplishing the planned activities (include the outcomes of your actions).
- Describe any barriers encountered, and how the barriers were addressed.
- If applicable, include the reasons that goals or objectives were not met and a discussion of assistance needed to resolve the situation.
- Report on any other significant project activities, accomplishments, setbacks or modifications (e.g., change in key staff, change in scope) that have occurred in the past year and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Exhibit C provides a checklist of key information that should be included in your progress report. Ultimately, your progress report should be specific to your program and should provide a thorough update on the status of your program objectives and activities completed during the 12-month period. The checklist provides you with guidance on the minimum activities that should be included in your progress report, but is not exhaustive.

The narrative included in your progress report should be detailed and supporting documents (included as Appendices) should be included if they add clarity or depth, substantiate the narrative, and/or present information succinctly. Extensive appendices are not required. Twelve-month progress reports are evaluated on the basis of substance, not length. Cross-referencing should be used rather than repetition.

See **Exhibit A** for an example Twelve-Month Progress Report Template.

See **Exhibit B** for an example of partially completed Twelve-Month Progress Report.

See **Exhibit C** for the TPP Checklist of key information to include in the progress report.

II. b. SUCCESS STORIES

Grantees should provide one or more success stories with the annual progress report to communicate the impact of activities during the latest budget period. Success stories are critical in helping educate decision makers about the impact of your program, demonstrating responsible use of resources, sharing best practices with other similarly-funded programs, and attracting new partners for collaboration.

The success story should describe your grant-funded activity or activities that have resulted in positive changes for young people during the past year. The focus of your submitted story each year will change over time as your program expands and evolves.

Exhibit I includes a template that can be used to help you write your success story. **Exhibit J** includes three example success stories from current OAH grantees. These stories are provided for your reference as examples of the types of stories OAH is looking for from grantees.

In addition, CDC's Division of Adolescent and School Health developed a resource guide entitled *How to Develop a Success Story* that may be helpful and is available at http://www.cdc.gov/healthyouth/stories/pdf/howto_create_success_story.pdf.

III. TPP PERFORMANCE MEASURE REPORTING

All grantees are required to submit their performance measure data at the same time as they submit their progress reports (i.e., November 30 and May 31). This document provides guidance regarding TPP/PREIS Performance Measure Reporting Requirements. A summary of all of the measures is provided in Exhibit D in the Appendix.

Data are to be reported by grantees or their evaluators using the TPP/PREIS Performance Measures Website (<https://tpp.rti.org>). Data are of two main types: grantee-level data and participant-level data. Data will be entered using one of three options:

- Option 1: Reporting raw data directly into the web system,
- Option 2: Uploading raw data by means of spreadsheets using pre-defined variables, or
- Option 3: Entering aggregated data into the system (if the grantee has received prior approval). Only grantees with approval will see the fields for entering aggregated data.¹

All participant-level data (demographics, perceived impacts, and behavior and intention measures) will be reported at the participant level, using either option 1 or option 2, as described above. The option 3 data entry method entry only applies to the grantee-level measures (reach, partners, training, dissemination, dosage and fidelity).

All measures are described in detail later in this document.

Performance Measures Website

The TPP/PREIS Performance Measures Website is located at <https://tpp.rti.org/>.

Detailed instructions for reporting performance measures are provided in the TPP Performance Measures Manual. Links to the manual and recordings and transcripts of webinar trainings are located on the home page of the website as well as on the resources page. You can also access recordings of the performance measures webinars through the OAH website.

¹ All data entry options require individual level demographic and behavior and intention data. With Option three, only the other performance measures can be aggregated and reported.

A Help Desk is also available if additional assistance is needed. To contact the Help Desk, click on the Help Desk tab at the top of the TPP/PREIS Performance Measures Website (after logging on), and you will be able to contact our webmaster regarding your issue. You will be asked to complete a brief form to report problems with the site or to ask questions about how to enter data. When reporting your problem, please be as descriptive as possible by including the page on which the problem was encountered as well as steps that could be used to replicate the issue. In addition, please provide the name of your grantee organization along with your name and email address and telephone number.

Questions can also be emailed using one of the links:

Tier1CD-Feedback@rti.org

Tier2PREIS-Feedback@rti.org

Tier1AB-Feedback@rti.org

Performance Measures

The TPP/PREIS performance measures are collected at both the grantee and the participant level. Altogether, there are three broad types of measures:

- grantee-level measures about program structure;
- grantee-level measures about program implementation; and
- participant-level measures about outcomes.

For the May 31st performance measure submissions, the reporting period will be September 1 to February 28, and for the November 30th performance measures submissions, the reporting period will be March 1 to August 31.

I. Grantee-Level Measures about Program Structure

There are four groups of measures that address program structure: reach, partners, training, and dissemination.

1. **Reach** is defined as the number of participants who are enrolled in the program and receive at least one session. It includes participants who do not have permission to be in the evaluation but nevertheless receive the program. Reach does not include control group youth. The number of youth served may be different than the number with participant-level data, such as measures of behavior or perceived impact. Youth participants are counted separately from any other individuals served (e.g., parents). Reach data are collected from all grantees.

These data are to be reported by demographic characteristics. Specifically, grantees need to report the number of youth participants classified by the demographic characteristics of age, grade, ethnicity, race, language spoken at home, and special populations, all by gender. In addition, other participants are reported by type (i.e., parents or other) (see Exhibit D in the Appendix).

These data are to be taken from enrollment statistics and may be entered directly on the website (option 1), by uploading spreadsheets (option 2), or by aggregating the statistics and entering totals on the website when prior approval has been obtained (option 3). Please mark “unknown/not reported” for any participants who answered “other” for race.

2. **Partners** are those organizations that are working with the grantee but not part of the grantee organization per se, such as a school system, a clinic, or another program. Grantees will need to report how many

partners they started with at the beginning of the reporting period and how many remained at the end of the reporting period.

The first performance measure regarding partners concerns the number of partners grantees are working with. There are three questions for this measure: the number of organizations with which grantees have formal agreements, the number who assist with implementation, and the number who have been involved with the implementation but do not have a formal agreement. The second performance measure regarding partners concerns retention. To address this question, grantees are asked how many of the organizations with a formal agreement (at the start of the program year) remained engaged at the end of the program year. All grantees need to enter this data directly onto the website.

3. **Training** measures both the number of facilitators who are newly trained and the number who receive follow-up training. It includes not only training or re-training on the curriculum used, but any topic that will improve the facilitators' delivery of the program. For instance, training on topics such as adolescent development, classroom management strategies, or techniques used to retain youth in programs would provide information that would enhance the skills of facilitators and would be counted here. Training may be given by the grantee or a partner. All grantees need to report these measures.

There are two questions that are asked of all grantees: one concerning initial training and one concerning follow-up training during the reporting period. Responses to both questions are entered directly into the website.

4. **Dissemination** measures the number of manuscripts and presentations that were disseminated during the reporting period. For Tier 2 and PREIS grantees, there is an additional measure on the progress on packaging their programs for replication. The questions about manuscripts and presentations include:
 - the number of manuscripts published in peer-reviewed journals and the number accepted but not published, with references
 - the number of manuscripts submitted for publication, and
 - the number of presentations by national, regional, and state location, with titles and venues.

All of this information is reported directly on the website by all grantees. The manuscripts and presentations should be related to work that was developed as a result of having grant funding through the TPP/PREIS grant such as experiences in implementing the program, lessons learned, or evaluation results.

For the questions about the packaging of their programs for replication, all Tier 2 and PREIS grantees will indicate whether the following pieces of their program have been completed and approved: logic model, core components, fidelity monitoring tools, curriculum manual, facilitator manual, training materials, and adaptation guidance. During each reporting period, each Tier 2 and PREIS grantee needs to indicate which pieces have been completed, but they only need report a completed piece once. This information is reported directly on the website.

II. Grantee-Level Program Implementation

Fidelity and Dosage are two different facets of program implementation that are to be reported by every grantee. There are several different measures of each and there are several different ways that the data may be reported.

1. **Dosage** provides an indication of “how much” of the program a participant received and is tracked through attendance. The performance measures that will be calculated from the attendance data are the mean and median percentages of program services received by youth and other participants such as parents (if applicable), and the percentages of youth and others (if applicable) who received at least 75% of the program. The measures will be reported to OAH by age and gender. For this reporting period, we are only asking grantees to include attendance for sessions such as classes or clinic sessions. For the next reporting period, we will work out a format for reporting other key program components (such as community service, social media, etc.).

Grantees who provide participant attendance data on the website (option 1) or are uploading spreadsheets with attendance data (option 2) are asked to report attendance for each session in which the curriculum is implemented. These data are tracked at the individual level. Complete instructions regarding how to enter these data on the website or upload the information via spreadsheets are provided in the TPP Performance Measures Manual. These data are to be reported for youth and for any other participants who are receiving the program. Those grantees who have been given prior approval to provide aggregated data (option 3) will need to discuss with RTI the format for reporting these data. These aggregated data will be reported directly on the website. As with the measures of reach, dosage is collected on all youth who receive the program, even those who do not have parental permission to be in the evaluation.

2. **Fidelity** addresses how well the implementation adhered to the program’s model. The fidelity performance measures are derived from the facilitators’ own assessment and from the ratings completed by an observer who is familiar with the program (for 10% of the sessions). An additional measure addresses whether there is a system in place to ensure fidelity. All grantees must report these measures².

Facilitator measures include adherence to both the program-specified number of sessions and activities. All grantees will need to provide the mean and median number of sessions (across all sections and cohorts) completed in the reporting period. All grantees will also need to report the percentage of sessions that have a facilitator-completed fidelity monitoring log. These measures are to be reported by all grantees directly on the website.

Facilitator measures. Adherence to program-specified activities is to be tracked on fidelity monitoring logs and reported using one of the three options. Grantees who are using option 1 or 2 need to report the number of activities planned and the number completed for each session during the reporting period. These data may be entered directly onto the website or uploaded using spreadsheets. When reporting, the session data are associated with the related class or section. Detailed instructions for entering adherence to program-specified activities on the website or uploading the data via spreadsheets is covered in the TPP Performance Measures Website Manual. The performance measures will be calculated by the system. Grantees who received permission to use option 3 will need to calculate the adherence performance measures themselves. Specifically, using all of the facilitator-completed fidelity logs, they will need to determine the mean and median percentages of completed activities by aggregating across all cohorts, sections, and sessions. They will then enter these aggregated values into the website.

Observer measures. The fidelity performance measures that are obtained from the observer include (1) adherence to the program specified activities and (2) the quality of implementation. These data will be

² There are a few grantees who have received exemptions from OAH because their program models did not lend themselves to the fidelity measures.

reported in a similar way to those from the facilitator. Adherence to program-specified activities is recorded on the same fidelity monitoring logs as the facilitator uses. Grantees who are using option 1 or 2 will report the number of activities planned and the number completed for each session that is observed by either entering these values on the website or by uploading spread sheets. The system will calculate the relevant performance measures (mean, median, minimum and maximum percentages of activities completed). Grantees who received permission to use option 3 will calculate these measures by aggregating across all cohorts, sections, and sessions that were observed and then entering the values on the website. Grantees using option 3 will also need to enter the total number of sessions that were observed.

The quality of implementation is recorded using the *Program Observation Form for TPP Grantees*, available on the OAH website at <http://www.hhs.gov/ash/oah/oah-initiatives/ta/performance-measures.html> as well as on the TPP/PREIS Performance Measures website (<https://tpp.rti.org>). This rating form is completed by the observer and covers various aspects of facilitators' delivery of the curriculum. The numerical rating scores will be used to report the quality. Observers are to complete these ratings for the all of the sessions that they are observing. Grantees who are using option 1 or 2 will report the scores on these items by either entering them directly on the website or uploading spreadsheets containing these scores. The system will compute the average rating per session and then the percentage of sessions that received a score of ≥ 4 . Grantees who received permission to use option 3 will need to compute these measures by aggregating the ratings across all cohorts, sections, and sessions that were observed and then entering the percentage of sessions with an average quality score ≥ 4 .

The final fidelity performance measure assesses whether there is a system in place to ensure fidelity. This measure is derived from the *Fidelity Process Report Form*, available on the OAH website at <http://www.hhs.gov/ash/oah/oah-initiatives/ta/performance-measures.html> as well as on the TPP/PREIS Performance Measures website (<https://tpp.rti.org>). The grantee project director is to complete this form at the end of each project year. Grantees will enter their total score from the form on the website with the November 30th performance measure report.

III. Participant-Level Outcomes

There are two types of outcome measures –measures of perceived impact and measures of behaviors/intentions. Perceived impact measures are collected by all grantees on youth in 7th grade or above. The measures of behaviors and intentions are collected only for Tier 1 C/D, Tier 2, and PREIS participants, and for Tier 1 A/B participants who are in the federal evaluation (these will be collected by the federal evaluators). These data are collected from all youth who have received permission to be in the evaluation and are at least in the 7th grade. All participant-level data will need to be reported at the individual level, either by web-based data entry (option 1) or by spreadsheet upload (option 2), under the “participant data” tab.

1. **Perceived Impact** measures are used to gauge outcomes for participants in programs without a rigorous evaluation. Programs *with* a rigorous evaluation will also report these measures on participating youth (not control group youth) for comparison purposes. A script to facilitate administration of the perceived impact questions has been posted on the TPP/PREIS Performance Measures Website (<https://tpp.rti.org/>) in the resources section. Grantees may use this to help youth understand the questions that are asked. Grantees may also devise their own clarifications (without changing the questions or response options) to help youth better understand the questions. Grantees may instruct youth to leave the questions blank if they do not understand them.

The perceived impact measures may be collected as a separate data collection, or, for those grantees with a rigorous evaluation, they may be collected as part of a data collection for the evaluation. These data are to be collected from youth immediately after the last session of the program or at least annually, whichever comes first. If they are collected as part of a data collection for the evaluation, they should be reported together with the behaviors/intentions data, as described in the next section. If they are collected as a separate data collection, they should be reported under “perceived impact.” Grantees will also need to report demographic data along with the perceived impact data. The demographic data are the same as those described under reach. Because the perceived impact data are to be collected anonymously, we will not be able to link the demographic data reported in reach to the perceived impact data, therefore you must provide linked demographic data with the perceived impact responses. The four perceived impact questions are listed in Exhibit D.

2. **Behaviors/Intentions** measures are only asked of youth who are in programs that are being rigorously evaluated (and youth who are in the control groups for those programs). All behaviors/intentions data will be reported by the grantee’s evaluator and grantee program staff will not have access to the behaviors/intentions data. Measures of behaviors/intentions will be collected at baseline and at various points in time after the intervention has begun. Follow-up data collections may be interim data collections (that take place partway through the intervention) or post-tests (that take place after the intervention is over). In addition to the behaviors and intentions, demographic data need to be reported as we cannot link these data with the data reported for the reach performance measure. The specific items required for behaviors/intentions measures are shown in Exhibit D in the Appendix.

When reporting behaviors/intentions data, evaluators should first select from the menu under the *participant-level data* tab whether they are reporting baseline data or interim/post test data. If they are reporting interim/post test data, they will then be asked to report whether it is interim data (and how many months after the program began the data were collected) or post test data (and how many months after the program ended the data were collected). Evaluators will also need to indicate whether the data are for an intervention or control participant. For those using Option 1, there is a required field on the web data entry form labeled “Group Type.” Evaluators will need to mark the applicable radio button “Treatment” or “Control” for each participant. For those using Option 2, there is a variable on the spread sheet named “GroupType” that takes the form “1” for treatment and “2” for control. Each participant will need to have one of these indicated. All of the behaviors/intentions data may be reported by uploading a spreadsheet containing the same variables that are on the website.

If perceived impact data were collected as part of an interim (if the program lasts longer than one year) or post test data collection, the perceived impact data can be entered along with the data from the interim or post test data collection.

See **Exhibit D** for a complete list of the TPP Performance Measures.

IV. EVALUATION PROGRESS REPORTING

** Should be completed only by TPP Tier 1 C/D and Tier 2 grantees not participating in the Federal evaluation*

All TPP Tier 1 C/D and Tier 2 grantees not participating in the federal evaluation need to provide information on two key components of their independent, grantee-level rigorous evaluation: sample intake and equivalence of the study groups on baseline measures. Monitoring these two aspects of your evaluation are important for understanding whether your implemented evaluation is maintaining the rigor of the original design. Documenting the sample intake process and reporting on sample equivalence using baseline measures will also be important to include in study reports for HHS and peer-reviewed journal articles. This information should be provided by your independent evaluator.

Examining sample intake throughout the study is important for two reasons: 1) assessing whether you are meeting your target sample size on which power calculations were based, and 2) assessing the likelihood that the final study sample might have rates of overall or differential attrition that exceed the HHS evidence standard threshold. For random assignment studies, if attrition rates exceed the threshold, establishing equivalence of the analytic sample on baseline measures is necessary for establishing that the design is internally valid.³ Per HHS evidence standards, all quasi-experimental designs must establish that the analytic sample is equivalent on baseline measures. Understanding early levels of and reasons for attrition, and whether treatment and comparison groups differ on key characteristics measured at baseline provides some guidance for evaluators on targeting resources towards maximizing consent rates and response rates, either overall, by study condition, or by subgroups. We recommend that you examine attrition and equivalence of the samples on baseline measures before completing each data collection effort.

We recognize that sample enrollment and data collection may be limited or incomplete at this time. For this report, please provide the most recent information available by the time you submit the report.

Please update your reporting with the most recent information available. Update your CONSORT diagram with additional baseline and/or follow-up data collected and reassess equivalence of the sample of youth with baseline data, as well as assess the equivalence of the sample with follow-up data.

Included below is a description of the items requested regarding sample intake and sample equivalence. **Exhibits E and F** include template and example flow charts, respectively, that can be used to report sample intake. **Exhibits G and H** include template and example spreadsheets, respectively, that can be used to report baseline equivalence.

Sample intake documentation

The following pieces of information are needed to document the sample intake process and size of the current sample:

For clustered random assignment designs (for example, clinics, community-based organizations, teachers, or schools were randomly assigned):

- A paragraph describing: the definition of clusters eligibility for the evaluation, the number of clusters considered/recruited, the outcome of that recruitment effort, and whether and how any

³ See the [HHS evidence review standards](#) for more information about the tolerable levels of overall and differential attrition and requirements for establishing baseline equivalence.

clusters were prioritized for inclusion in the evaluation sample. This paragraph will provide a clear summary of the recruitment process for clusters, the outcome of that process, and an indicator of the population to which the evaluation results may be generalizable.

- The number of clusters randomly assigned to each condition (i.e., treatment and comparison).
- The number of clusters still participating after random assignment (i.e. that did not drop out) at each time point, by study condition, and the reason(s) for nonparticipation of clusters.
- Whether subclusters (for example, the youth) are also randomly assigned and the timing of that random assignment. If subclusters (youth) are not randomly assigned, please describe in a paragraph how subclusters (youth) are assigned to the cluster and the timing of that assignment with respect to the timing of cluster random assignment.
- And the items below *for those clusters still participating*⁴

For all designs:

- A paragraph describing what makes a youth eligible for the evaluation; the number of youth screened and determined to be eligible and the counts and reasons for those screened out; and the process for selecting the pool to be evaluated among those eligible.
- The number of youth eligible to receive the program.
- The number of youth consenting for the evaluation (by condition, if post-random assignment).
 - If program consent was separate from evaluation consent, please include the sample sizes for those youth with evaluation consent who did not consent to the program.
- The number of youth randomly assigned to each condition.
- The number of youth with baseline data, by condition.
- The number of youth with follow-up data, by condition.
- The start and end dates for each data collection point, by condition.
- The start date and end dates for the program (and comparison condition, if applicable).

You should provide this information pooled across cohorts, even if some cohorts are incomplete.⁵ The documentation should include the order in which the following activities occurred and whether those activities are completed or ongoing: eligibility screening, consent, random assignment, and baseline data collection. It should also provide the reason for sample loss, if not obvious from the items provided above (for example, non-consent). Template flow charts are provided in **Exhibit E**. You should customize the flow charts to reflect your research design. For cluster-level assignment, please provide the information requested in *both* charts.

Importantly, when completing the CONSORT diagrams, it is expected that the sample sizes for each box are complete and allow a reader to follow the flow of study participants from the time of random assignment through each data collection time point (baseline, first follow-up, second follow-up, etc.). Three example CONSORT diagrams have been included in **Exhibit F** (two for a cluster RCT design – the first for clusters and the second for the youth in that study -- and one for an individual RCT design) to illustrate the types of information that would be helpful for the review. Please note that in both of these diagrams, the number of clusters/individuals described at each data collection event can be mapped directly back to the number of clusters/individuals randomly assigned to condition.

⁴ Under the HHS evidence standards, attrition at the sub-cluster level is assessed after accounting for cluster-level attrition. So the starting point for the student level information should be the students recruited in the clusters that are still participating.

⁵ We are requesting information pooled across cohorts because it will provide the necessary information used in the HHS evidence standards attrition calculation. However, you may also want to calculate this for each cohort to identify the populations to focus on tracking to ultimately improve attrition rates or balance baseline equivalence.

While HHS evidence standards do not include an attrition assessment for quasi-experimental designs, understanding sample loss by condition is valuable for determining whether there could have been intervention-induced loss, and also for assessing the representativeness of your final sample. Therefore, those with quasi-experimental designs should also provide all data requested to assess sample flow.

Baseline equivalence documentation

All grantees, regardless of research design, should provide baseline characteristics for 1) the sample of youth with baseline data and 2) the sample of youth with follow-up data. For instance, if you have completed baseline and first follow-up data collection for your first cohort, please provide two baseline equivalence tables. The first table should assess baseline equivalence for the entire sample of youth with baseline data. The second table should assess baseline equivalence for the sample for which you have first follow-up data.

For randomized controlled trials, assessing baseline equivalence is important for assessing whether random assignment resulted in equivalent groups. For quasi-experimental design studies, this is useful for understanding whether your targeted groups are similar, as had been hypothesized. Later, when the evaluation is completed, HHS evidence standards require that randomized controlled trials with high attrition and all quasi-experimental designs establish that their analytic samples are equivalent on baseline characteristics. While your evaluation sample may not be final yet, if there are observed differences on key baseline characteristics between the groups at this time, data collection efforts could be adjusted to either survey enough youth to get below the (overall or differential) attrition threshold or target students with particular characteristics to bring the sample into equivalence.

The HHS evidence review assesses equivalence on three key demographic characteristics (age or grade level if age is not available, gender, and race/ethnicity) and, if the sample is age 14 (eighth grade) or older at baseline, on at least one behavioral outcome measure (for example, rates of sexual initiation). Therefore, *again after pooling across all cohorts*, please provide sample sizes⁶, unadjusted means, and standard deviations for the demographic measures and the OAH behavioral performance measures you collected at baseline for 1) the sample with baseline data and 2) the sample with outcome data. If you have outcome data for two follow-ups, please include an equivalence table for each follow-up, using the respective sample with outcome data in each follow-up.

In **Exhibit G**, we present an excel worksheet you can use to assess baseline equivalence. In **Exhibit H** we present a completed example. The excel workbook containing both of those tabs (template and example) is available on the [Eval TA SharePoint website](#). The excel worksheet contains equations for calculating t- and chi-square statistics and p-values for the group differences on each of the baseline characteristics. If you perform alternate tests of statistical significance (such as adjusting standard errors for random assignment of clusters), please include those as well with a note about the test performed.

When using the excel spreadsheet, enter data in the yellow highlighted areas only. It is unnecessary to enter any data into the grey cells (there will be a large “X” in cells that do not require data entry). Sometimes you will enter only means (for binary variables), sometimes you will enter means and standard deviations (for continuous variables), and sometimes you will enter counts (for race). When entering means for binary

⁶ Please clearly indicate the sample sizes for these measures. It is possible you will have collected more baseline data than is prepared for analysis, resulting in a discrepancy between the sample size reported in the sample flow section and the baseline equivalence assessment. We need to be clear on the sample size of the baseline measures reported in the table.

variables, please make sure they are entered with decimals (i.e. 0.05, not 5) or statistical tests will not be calculated correctly. The table shell has separate constructs for race and ethnicity to align with the performance measures data request and minimize the data processing burden of this request. However, if you wish to present a combined race-ethnicity measure and/or collapse racial-ethnic categories that have small sample sizes as you would in your analysis, you should feel free to do that. You should then re-label the categories in the excel file to line up with your analyses.

NOTE: we want to assess equivalence between the treatment and control groups for the full analytic sample, not just the subset with responses to a particular question. Therefore, for all behavioral measures except ever had sexual intercourse (which is already a full sample measure), please impute responses for respondents who skipped out of those questions. For instance, respondents who reported never having sexual intercourse should be imputed as never having been pregnant or gotten someone pregnant, never having had sex in the past three months, never having had sex in past three months without a condom, and never having had sex in past three months with an effective method of contraception. They should also be imputed to zero in the four corresponding number of times measures so that they are represented in the means as never having had sex, etc. The corresponding sample sizes for all of the behavioral measures should be the full analytic sample, minus any item non-response not due to skip patterns.

See **Exhibits E and F** for Template and Example Flow Charts for presenting sample intake data.

See **Exhibit G and H** for Template and Example Excel Worksheets for presenting baseline equivalence data.

IV. EVALUATION PROGRESS REPORTING

** Should be completed only by TPP Tier 1 A/B grantees*

Range A/B grantees conducting their own evaluations are encouraged to document their evaluations and submit information on its progress in their annual progress report. Data collected should demonstrate progress on grantees achieving their program outcomes and goals outside of the OAH performance measures. Grantees can include their evaluation updates within their work plan or as a separate, brief narrative.

Descriptions for the following can be included in the update:

- Methods for collecting data (e.g. pre/post surveys, focus groups)
- Incentives provided to students for participating in evaluation/program activities
- Output data (e.g. number of students served, dosage, frequency, size of group(s), etc.)
- Quality of services (e.g. student surveys of teacher/facilitator performance, additional observations outside of OAH requirements, etc.)
- Recommendations for adaptations or other program changes for the future
- Conclusions

V. FEDERAL FINANCIAL REPORT

A Federal Financial Report, Standard Form 425 (SF-425), must be submitted on the annual reporting period no later than December 29, 2012. The instructions for completion are available at http://www.whitehouse.gov/omb/grants_forms. Hard copy submissions are no longer accepted by the OASH Office of Grants Management. Reports are now required to be submitted electronically only through GrantSolutions using the FFR Reporting Module.

VII. APPENDICES

Supporting documents that add value or clarity to the information presented in the progress report should be included in the appendices. Materials included in the appendices should present information clearly and succinctly and add depth to your report.

PART FOUR: EXHIBIT INFORMATION AND SAMPLE FORMATS

EXHIBIT A. PROGRESS REPORT TEMPLATE

EXHIBIT B. EXAMPLE TWELVE-MONTH PROGRESS REPORT

EXHIBIT C. TPP ANNUAL PROGRESS REPORT CHECKLIST

EXHIBIT D. TPP PERFORMANCE MEASURES

EXHIBIT E. SAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA FOR TPP GRANTEES
(TPP Tier 1 C/D and Tier 2 only)

EXHIBIT F. EXAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA
(TPP Tier 1 C/D and Tier 2 only)

EXHIBIT G. SAMPLE EXCEL WORKSHEETS FOR BASELINE EQUIVALENCE DATA FOR TPP GRANTEES *(TPP Tier 1 C/D and Tier 2 only)*

EXHIBIT H. EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA
(TPP Tier 1 C/D and Tier 2 only)

EXHIBIT I. SUCCESS STORY TEMPLATE

EXHIBIT J. SAMPLE SUCCESS STORIES

EXHIBIT K. FEDERAL FINANCIAL REPORT GUIDANCE

EXHIBIT A – Example Twelve-Month Progress Report Template

Name of Grantee

Grant #:

September 1, 2011 – August 31, 2012

Goal:			
Objective:	In Progress	Met	Unmet
Activity:	In Progress	Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.	
	Met		
	Unmet		
Activity:	In Progress	Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.	
	Met		
	Unmet		
Activity:	In Progress	Provide a description of the accomplishments, barriers encountered, populations served and the collaborative partners involved in working toward the activity. Document any outcomes that are a result of your grant-funded activity. Provide a justification for any activities that are still in progress or were not met.	
	Met		
	Unmet		

EXHIBIT A – Twelve-Month Progress Report – p. 2

Additional Narrative

Report on any other significant project activities, accomplishments, setbacks or modifications (e.g. change in key staff, change in scope) that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

Additional Barriers, Challenges, and Solutions

Report on any additional barriers, challenges, or innovative solutions not previously captured in the annual progress report. Provide a discussion on each barrier or challenge and any solutions that were identified or are being considered. Include barriers and challenges related to performance measure data (e.g., unable to observe the necessary 10% of sessions implemented), as appropriate.

EXHIBIT B: Example Twelve-Month Progress Report (Partial)

Grantee X; Grant #:xxxxx

September 1, 2011 – August 31, 2012

Goal: Replicate xxx evidence-based program in 60 sites across xxx County.

<p>Objective: By August 31, 2012 ensure all facilitators are trained in the xxx evidence-based program model.</p>	<p>Met</p>	
<p>Activity: Identify and secure a trainer to conduct training on xxx evidence-based program.</p>	<p>Met</p>	<p>We identified three organizations that were certified to conduct trainings in xxx evidence-based program. We contacted each organization to learn more about the content and cost of their training. Each organization offered a 3-day training, but one organization also included 20 hours of follow-up technical assistance in their training plan. The cost estimates from the three organizations were similar. We decided that having the 20 additional hours of technical assistance from the trainer would be beneficial since this is a new program for all of our facilitators, therefore we selected xxx organization. We signed a contract with xxx organization to conduct four identical 3-day trainings for our facilitators and to provide 20 hours of follow-up technical assistance. It was agreed that our organization would take care of the logistics and registration for each training.</p>
<p>Activity: Conduct four, 3-day trainings in the xxx evidence-based program for program facilitators.</p>	<p>Met</p>	<p>Training dates and locations for four 3-day trainings were secured:</p> <ol style="list-style-type: none">1. March 22-24, 2012 at the xxx community organization in City2. April 14-16, 2012 at the xxx community organization in City3. May 2-4, 2012 at the xxx community organization in City4. May 20-22, 2012 at the xxx community organization in City <p>Trainings were advertised to the 60 facilitators who are implementing the xxx evidence-based program. Each training includes an overview of the program model, core components, and teaching philosophy; a detailed review of the activities included in the program; time for each participant to practice delivering the program activities; review of the fidelity monitoring tools; discussion about allowable adaptations; and review of the available evaluation tools (see Appendix A – Training Agenda). Training participants completed an evaluation form after the training. Results have been analyzed indicate that facilitators are confident in their ability to implement the program with fidelity as a result of the training.</p>

EXHIBIT C: ANNUAL PROGRESS REPORT CHECKLIST FOR TEEN PREGNANCY PREVENTION GRANTEES

Annual Progress Report

- Thorough narrative description on the status of each objective and activity
- Work plan goals, objectives, and activities are aligned and written in SMART format
- Status of project management activities including:
 - Recruitment and retention of staff
 - Staff training and professional development
 - Monitoring of implementation partners
 - Monitoring of contractors
- Progress related to:
 - Recruitment of program participants
 - Retention of program participants
 - Activities to ensure all materials are medically accurate
 - Activities to monitor implementation with fidelity
 - Collection and reporting on performance measure data
 - Marketing the program
 - Building and enhancing partnerships to support the program
 - Provision of training and professional development for partners and/or facilitators
 - Dissemination of information about the program through presentations or publications
 - Documentation of the program model (***Tier 2 only***) – core components, logic model, curriculum manual, training manual, adaptation guidance
- Status of program implementation in each site
 - Implementation of program with fidelity
 - Fidelity monitoring
- Status of any approved adaptations and add-on activities
- Results of the program pilot (***if applicable and not previously reported***)
 - Description of pilot results (include details such as number of sites, number of youth, lessons learned)
 - Plans to incorporate lessons learned from pilot into year two programming
- Progress on evaluation activities
 - Consistent with approved evaluation plan
- Participation in the Federal evaluation (***if applicable***)
- Description of any activities focused on program sustainability
- Description of any other significant activities, accomplishments, setbacks, or modifications that have impacted the program but may not have been included in the initial work plan

EXHIBIT D: TPP PERFORMANCE MEASURES

Participant-level measures for youth $\geq 7^{\text{th}}$ grade

Construct	Performance measure	Questionnaire items (asked of participants)	Denominator
Tier 1 C/D, Tier 2, PREIS, Tier 1 A/B if in Federal Evaluation			
Demographics (Inform Reach, Perceived Impacts and Behaviors and Intentions)			
	Age	In what month and year were you born? or How old are you? (must also record date survey is administered for this question)	All youth
	Grade	What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school). <ul style="list-style-type: none"> • 6th • 7th • 8th • 9th • 10th • 11th • 12th • Ungraded • College/Technical school • Not currently in school [List may be altered for specific age group being served]	All youth
	Gender	Are you male or female?	All youth
	Ethnicity	Are you Hispanic or Latino? [Grantees will indicate from this list 'unknown/not	All youth

Construct	Performance measure	Questionnaire items (asked of participants)	Denominator
	Race	<p>reported?]</p> <p>What is your race?</p> <ul style="list-style-type: none"> • American Indian or Alaska Native • Asian • Black/African American • Native Hawaiian or Other Pacific Islander • White <p>[Grantees will indicate from this list ‘more than one race’ and ‘unknown/unreported’]</p>	All youth
	Language at home	<p>When you are at home with your family, what language or languages do you usually speak?</p> <ul style="list-style-type: none"> • English • Spanish • Chinese language such as Mandarin or Cantonese • Some other language 	All youth
	Special Populations	<p>Grantee will report:</p> <ul style="list-style-type: none"> • Pregnant or parenting teens • Youth in foster care • Homeless youth • Youth in the juvenile justice system • Other 	All youth
Behaviors and Intentions			
Any sex*	The % of grantees whose intervention group reports less sexual activity than the comparison group	<p>The (next/first) questions are about sexual intercourse. By sexual intercourse we mean a male putting his penis into a female’s vagina.</p> <p>Have you ever had sexual intercourse? (yes/no)</p>	All youth

Construct	Performance measure	Questionnaire items (asked of participants)	Denominator
		<p>Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse, even once? (yes/no)</p> <p>(If yes) In the past 3 months, how many times have you had sexual intercourse? (# of times)</p>	All youth
Pregnancy*	The % of grantees whose intervention group reports fewer pregnancies since baseline than the comparison group.	<p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born? (Yes/no)</p> <p>(If yes) To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant? (#)</p>	All youth
Condom use*	The % of grantees whose sexually active intervention group reports more condom use than the comparison group	<p>In the past 3 months have you had sexual intercourse without you or your partner using a condom? (yes/no)</p> <p>(If yes) In the past 3 months, how many <u>times</u> have you had sexual intercourse <u>without</u> using a condom? (# of times)</p>	Youth who have had sex in past 3 months
Contraceptive use*	The % of grantees whose sexually active intervention group reports more contraceptive use than the comparison group.	<p>In the past 3 months, have you had sexual intercourse with you or your partner using any of these methods of birth control?</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera), • The patch, • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implant (Implanon) 	Youth who have had sex in past 3 months

Construct	Performance measure	Questionnaire items (asked of participants)	Denominator
		<p>(yes/no)</p> <p>(If yes) In the past 3 months, how many <u>times</u> have you had sexual intercourse <u>without</u> using any of these methods of birth control? (# of times)</p>	
Intention to have sex *	The % of grantees whose intervention group reports a lower intention level than the comparison group to have sex in the next year	<p>Do you intend to have sexual intercourse in the next year, if you have the chance?</p> <ul style="list-style-type: none"> -Yes, definitely -Yes, probably -No, probably not -No, definitely not 	All youth
Intention to use a condom*	The % of grantees whose intervention group reports a higher intention level than the comparison group to use a condom.	<p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?</p> <ul style="list-style-type: none"> -Yes, definitely -Yes, probably -No, probably not -No, definitely not 	All youth
Intention to use contraception*	The % of grantees whose intervention group reports a higher intention level than the comparison group to use a contraceptive method.	<p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control?</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera), • The patch, • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implant (Implanon) <ul style="list-style-type: none"> -Yes, definitely -Yes, probably -No, probably not -No, definitely not 	All youth

Construct	Performance measure	Questionnaire items (asked of participants)	Denominator
All Grantees			
Perceived Impact		For the next few questions, please think about [NAME OF PROGRAM] and how it may have influenced you. You may not have thought about these situations before, but please still answer the questions. Think about what you would do and answer as best you can.	
Perceived impact of program on sex**	% of youth who report that they are either less likely or much less likely to have sex in the next year	Would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to have sexual intercourse in the next year? Much more likely More likely About the same Less likely Much less likely	All youth
Perceived impact of program on condom use**	% of youth who report that they are either more likely or much more likely to use a condom	If you were to have sexual intercourse in the next year, would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to use (or ask your partner to use) a <u>condom</u> ? Much more likely More likely About the same Less likely Much less likely	All youth
Perceived impact of program on contraceptive use**	% of youth who report that they are either more likely or much more likely to use a contraceptive method	If you were to have sexual intercourse in the next year, would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to use (or ask your partner to use) any of these methods of <u>birth control</u> ? <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) 	All youth

Construct	Performance measure	Questionnaire items (asked of participants)	Denominator
		<ul style="list-style-type: none"> • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implant (Implanon) <p style="margin-left: 40px;"> Much more likely More likely About the same Less likely Much less likely </p>	
Perceived impact of program on abstinence [†]	% of youth who report that they are either more likely or much more likely to abstain from sex	<p>Would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to abstain from sexual intercourse in the next year (abstaining means choosing not to have sex)?</p> <p style="margin-left: 40px;"> Much more likely More likely About the same Less likely Much less likely </p>	All youth

* These measures are based on rates of change in the treatment group compared to rates of change in the comparison group on the behavior/intention. No tests of significance will be conducted. Local evaluators will upload the raw data for these measures into the reporting system, and the performance measure contractor will perform the calculations.

** The first year of data collection will supply these baseline figures and remaining years will be reported as % of grantees that meet or exceed or that baseline level.

[†] The measure of perceived impact on abstinence is included as a check. Responses to this question will be compared the responses to the perceived impact on sex measure to assess the extent to which youth are reporting consistently.

Grantee-level measures

Construct	Performance measure	Questionnaire item (asked of grantees, except for <i>soundness of evaluations</i> measures)
Reach		
# of youth served	# of youth served, by characteristics (e.g., age, gender, race/ethnicity, special populations)	<ul style="list-style-type: none"> • How many youth (classified by demographic characteristics) participated in your program for at least one activity during the reporting period?
# of parents and other clients served	# of parents and other clients served	<ul style="list-style-type: none"> • How many other types of clients (e.g., parents or guardians, other family members, etc.) participated in your program for at least one activity during the reporting period?
Partners		
# of partners	# of organizations/schools partnering with program	<ul style="list-style-type: none"> • With how many organizations and/or schools do you have a formal agreement in place to assist with implementing your program? • With how many organizations or schools are you currently working that are assisting with intervention implementation? • How many organizations have been involved in planning and implementing your program, but not in a formal role? (Do not include organizations with which you have a formal agreement).
Retention of partners	% of grantees that retain at least 70% of active program partners for their intended duration	<ul style="list-style-type: none"> • How many of the organizations or schools with which you had a formal agreement at the start of the reporting period remained engaged at the end of the reporting period?
Training		
Training of facilitators	# of new facilitators/teachers trained # of facilitators who receive follow-up training	<ul style="list-style-type: none"> • During the reporting period, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators. • In the reporting period, how many intervention facilitators (including teachers) have you or one of

Construct	Performance measure	Questionnaire item (asked of grantees, except for <i>soundness of evaluations measures</i>)
		your partners given follow-up training?
Dissemination		
Manuscripts and presentations (Years 3-5).	# of published and/or submitted manuscripts and national, regional or state-level presentations by grantees	NA (calculated based on responses to the below questions)
Manuscripts published	# of manuscripts published in journals	<ul style="list-style-type: none"> • How many manuscripts have been accepted for publication but not yet published or published in a peer-reviewed journal during the reporting period? Do not include manuscripts previously reported as published. • Please list the references for any published manuscripts published in reporting period.
Manuscripts submitted for publication	# of manuscripts submitted for publication	<ul style="list-style-type: none"> • How many manuscripts have been submitted to a peer-reviewed journal for publication in the reporting period? Do not include manuscripts previously reported as submitted or published.
Presentations	# of national, regional, or state-level presentations	<ul style="list-style-type: none"> • How many presentations were made at each of the following levels in the reporting period: <ul style="list-style-type: none"> ○ National ____ ○ Regional ____ ○ State ____ • Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made)
Packaging of Tier 2/PREIS programs for replication	% of Tier 2/PREIS grantees that have completed development of pieces of program necessary to package it for replication (e.g., logic model, fidelity monitoring tools, manual)	<ul style="list-style-type: none"> • Please indicate which of the following have been completed and approved: <ul style="list-style-type: none"> ○ Logic model ○ Core components ○ Fidelity monitoring tools ○ Curriculum manual

Construct	Performance measure	Questionnaire item (asked of grantees, except for <i>soundness of evaluations</i> measures)
		<ul style="list-style-type: none"> ○ Facilitator manual ○ Training materials ○ Adaptation Guidance
Dosage		
Dosage	<p>Median % of total intended program services received by youth and/or parents</p> <p>% of youth/parents who received at least 75% of the program</p>	<p>Items derived from participant attendance data⁷</p> <ul style="list-style-type: none"> ● What is the mean and median % of program services received by youth (as a whole and subdivided by age and gender) in the reporting period? ● What is the mean and median % of program services received by other participants (if applicable) in the reporting period? ● What % of youth (as a whole and subdivided by age and gender) received at least 75% of the program in the reporting period? ● What % of other participants received at least 75% of the program in the reporting period?
Fidelity*		
Adherence to program-specified activities (based on facilitator self-assessment)	% activities completed, based on facilitator self-assessment	<p>Items derived from session based fidelity data⁸:</p> <ul style="list-style-type: none"> ● For what percentage of completed sessions is there a completed fidelity monitoring log from the facilitator?

⁷ Grantees who are using option 1 or 2 will provide attendance for each participant for each session either directly on the website or by uploading spreadsheets; complete instructions are provided in the TPP Performance Measures Website Manual. Grantees approved to use option 3 will aggregate the data and calculate the measures indicated.

⁸ Grantees who are using option 1 or 2 will provide adherence data for each session either directly on the website or by uploading spreadsheets; complete instructions are provided in the TPP Performance Measures Website Manual. Grantees approved to use option 3 will aggregate the data and calculate the measures indicated.

Construct	Performance measure	Questionnaire item (asked of grantees, except for <i>soundness of evaluations</i> measures)
		<ul style="list-style-type: none"> Using all of the facilitator completed fidelity monitoring logs (i.e., across all cohorts, sections, and sessions), what is the mean and median percentage of activities completed?
Adherence to program-specified activities (based on observation)	% activities completed, based on observations	Items derived from session based fidelity data ² : <ul style="list-style-type: none"> Across all sessions, what are the mean and median percentages of activities completed, by observation? Across all sessions, what are the minimum and maximum percentages of activities completed, by observation?
Quality of implementation (based on observation)	% of observed sessions that score 4 or higher on a 5-point scale of overall quality	Items derived from session based fidelity data ² <ul style="list-style-type: none"> Averaging over all scored questions on the TPP Program Observation Form, what percentage of sessions received ratings ≥ 4 for quality?
Adherence to program-specified # of sessions	Median and mean % of sessions implemented, based on fidelity monitoring logs or other administrative records	<ul style="list-style-type: none"> Across cohorts, what are the mean and median percentages of total sessions implemented?
System in place to ensure fidelity	% of grantees scoring ≥ 20 on 22-point fidelity process scale	<ul style="list-style-type: none"> What is the score on the 11-item TPP Fidelity Process Report?

*The first year of data collection will supply these baseline figures and remaining years will be reported as % of grantees that meet or exceed or that baseline level.

Exhibit D. Data to be Reported for Reach

# Youth Participating in ≥ 1 activity	Boys	Girls
<i>By Age</i>		
# ≤ 10 years		
# 11-12		
# 13-14		
# 15-16		
#17-18		
# ≥ 19		
<i>By Grade</i>		
# ≤ 6 grade		
# 7-8		
# 9-10		
# 11-12		
# GED		
# Technical/vocational		
# College		
# Not currently in school		
<i>By Ethnicity</i>		
# Hispanic/Latino		
# Not Hispanic/Latino		
# Unknown/not reported		
<i>By Race</i>		
# American Indian/Alaskan Native		
# Asian		
# Black/African American		
# Native Hawaiian/other Pacific Islander		
# White		
# More than one race		
# Unknown/unreported		
<i>By Language Spoken at Home</i>		
# English		
# Spanish		
# Chinese		
# other		
<i>By Special Populations</i>		
# Pregnant or parenting teens		

# Youth in Foster Care		
# Homeless youth		
# Youth in Juvenile Justice system		
# other		
Total unduplicated youth		

# Other Clients Participating in > 1 activity		
# Parents/Guardians		
# Other Clients (Siblings, other Family Members)		
Total		

EXHIBIT E - TEMPLATE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Clusters

*Please complete diagrams based on your pooled sample to date. Also complete diagram(s) for youth sample, using retained clusters as starting point.

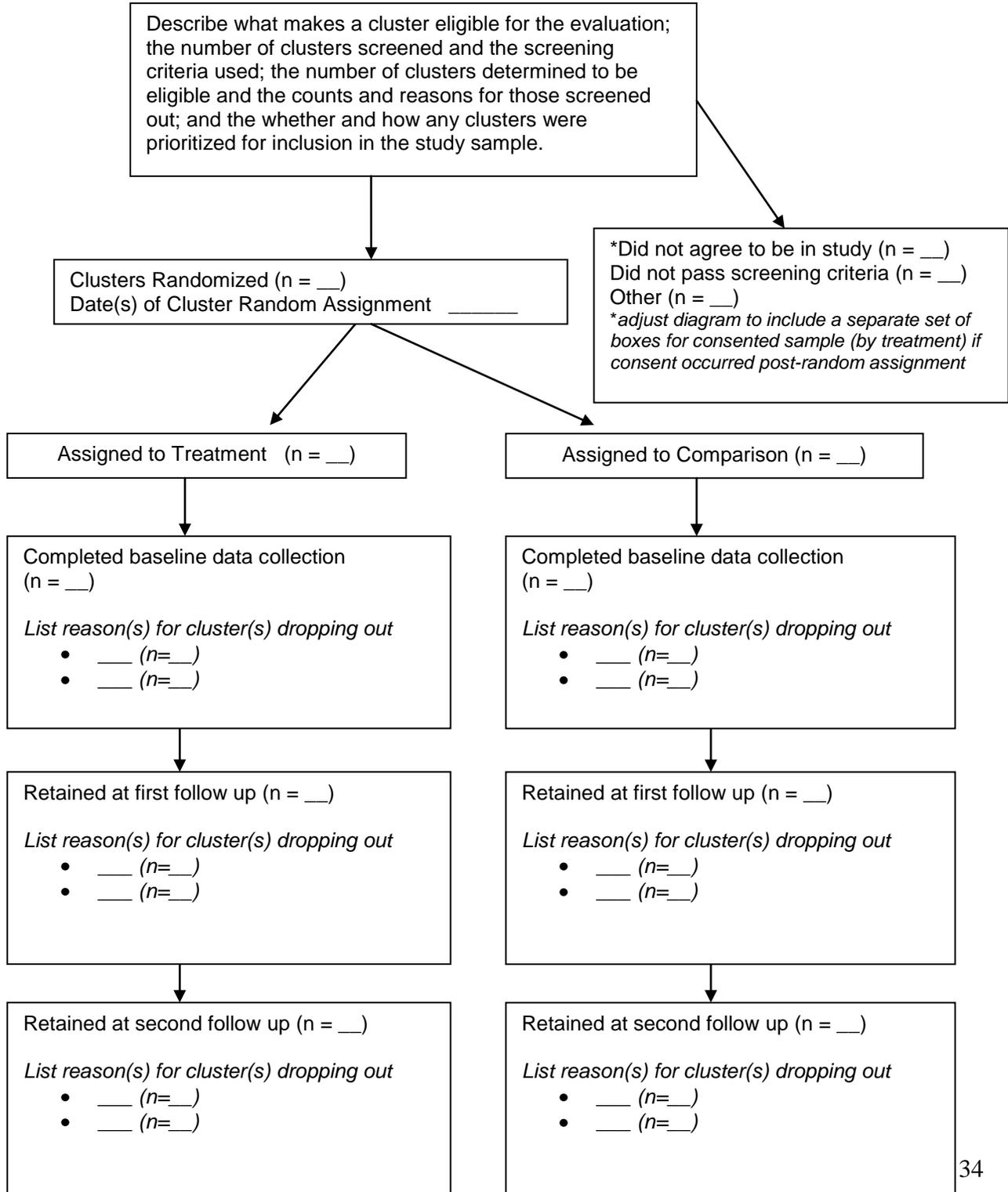


EXHIBIT E - TEMPLATE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Youth

*Please complete diagram based on your pooled enrollment to date. Adjust order if not reflective of your processes.

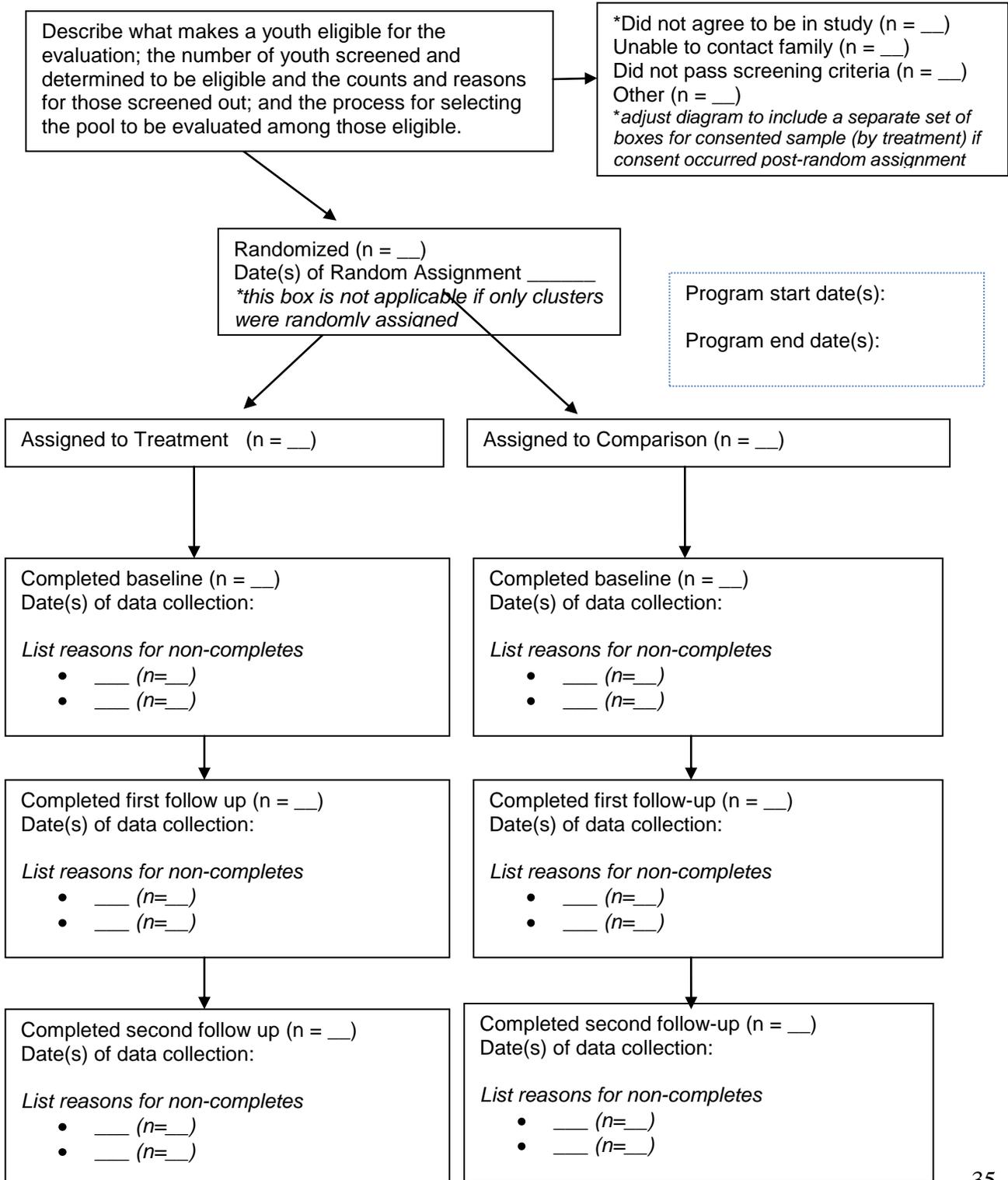


EXHIBIT F - EXAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for Clusters in a Cluster Randomized Controlled Trial

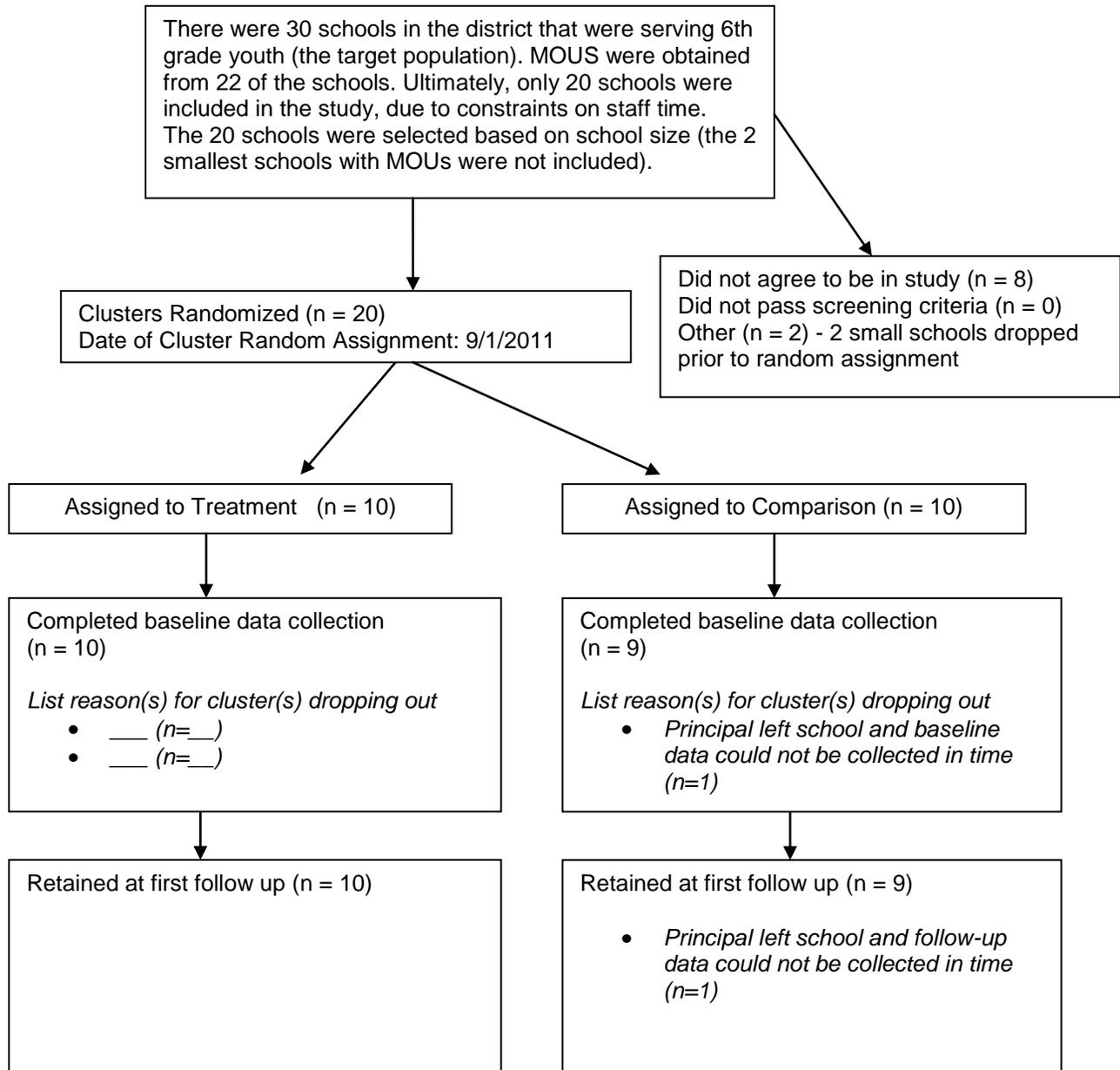


EXHIBIT F - EXAMPLE FLOW CHARTS FOR SAMPLE INTAKE DATA

CONSORT Diagram for the Youth in the Clustered Randomized Controlled Trial Presented on the Prior Page

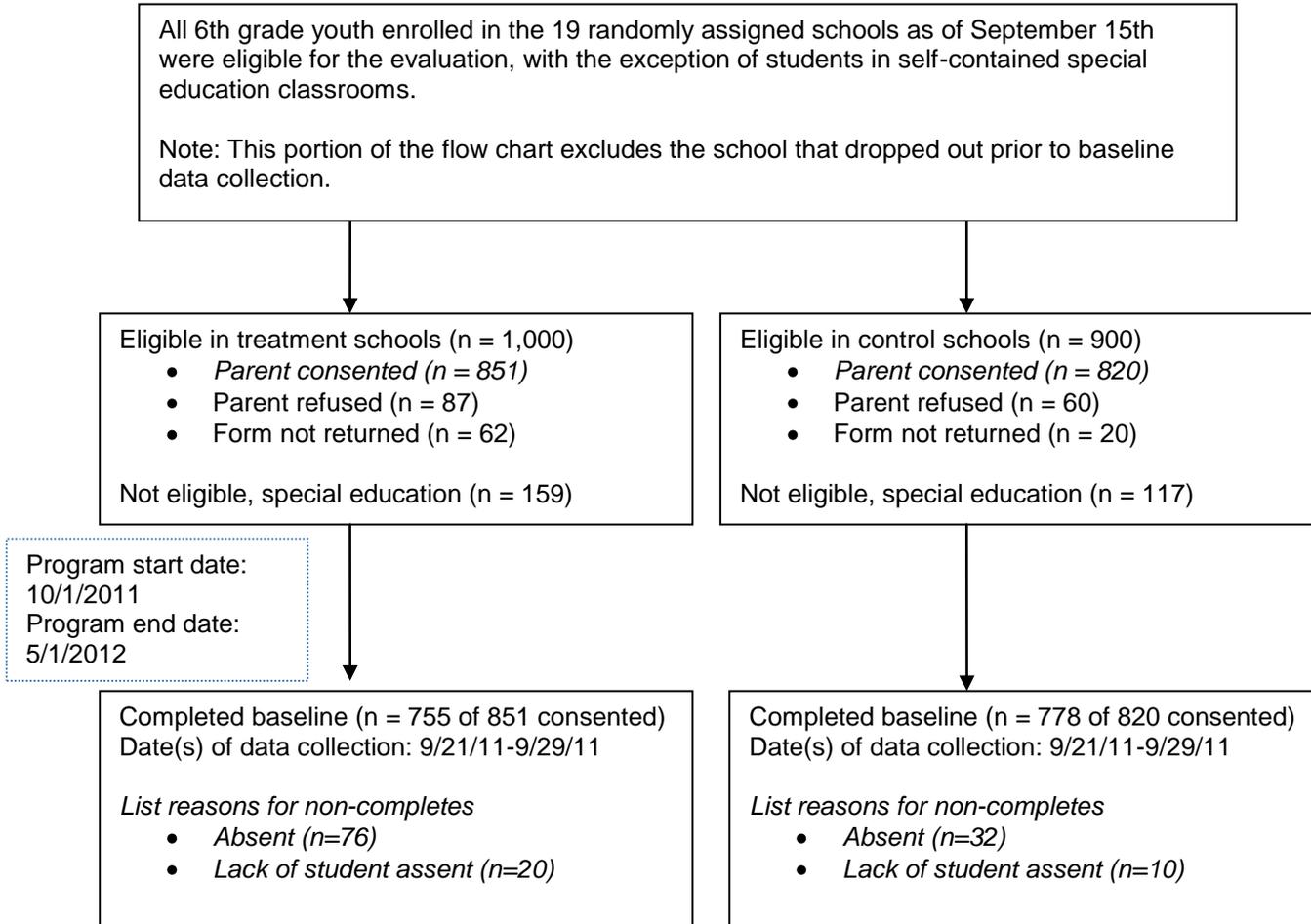


EXHIBIT F - EXAMPLE FLOW CHART FOR SAMPLE INTAKE

CONSORT Diagram for Youth in a Design in Which Youth Were Randomly Assigned

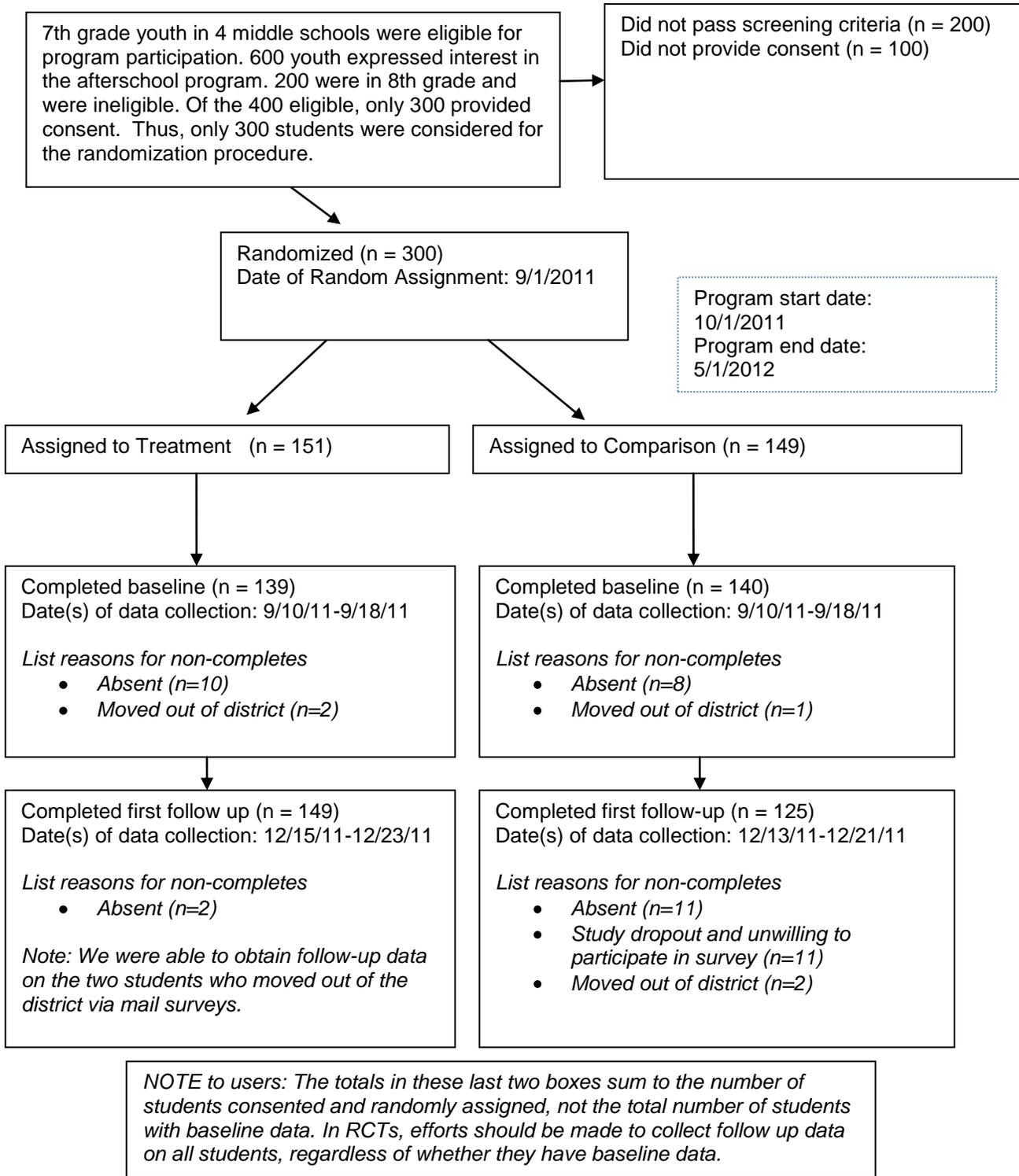


EXHIBIT G: TEMPLATE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

Please indicate the sample for which you are assessing baseline equivalence:				Sample with baseline data						
	Treatment Group			Comparison Group			Group differences			
Characteristics at BASELINE	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic (calculated by the worksheet)	df (calculated by the worksheet)	p-value (calculated by the worksheet)	p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
Demographic characteristics										
Age (in years)										
Female (%)										
Hispanic (%)										
Race (% and counts) ¹			0			0				
American Indian or Alaska Native										
Asian										
Black										
Native Hawaiian or Other Pacific Islander										
White										
Two or more races										

EXHIBIT G: TEMPLATE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

	Treatment Group			Comparison Group			Group differences			
	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic <i>(calculated by the worksheet)</i>	df <i>(calculated by the worksheet)</i>	p-value <i>(calculated by the worksheet)</i>	p-value adjusted for clustering at level of random assignment, if applicable <i>(calculated by the evaluator)</i>
Characteristics at BASELINE										
<u>OAH behavioral performance measures</u>										
Ever had sexual intercourse (%)										
Gotten someone pregnant or been pregnant (%) ²										
Number of times (mean)										
Sexual intercourse in prior 3 months (%) ²										
Number of times (mean)										
Sexual intercourse in prior 3 months without using condom (%) ³										
Number of times (mean)										
Sexual intercourse in prior 3 months without using effective contraception (%) ³										
Number of times (mean)										
Notes: Please enter data in the yellow highlighted cells only. Please convert all yes/no responses to yes = one and no = zero in your datafile.										
All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45). For all "number of times measures," impute cases that skipped out because they had not had sex/gotten someone pregnant/etc to zero in the numerator so that the measure represents the full sample.										
¹ Please construct this variable, or a similar one, from the data. The percentages should sum to 100 percent. A chi-sq statistic is calculated for this variable (provided there are no rows with zero totals).										
² Impute those who have never had sex as zeroes in numerator.										
³ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										

EXHIBIT H: EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

<i>Please indicate the sample for which you are assessing baseline equivalence:</i>				Sample with baseline data						
<u>Treatment Group</u>				<u>Comparison Group</u>			<u>Group differences</u>			
Characteristics at BASELINE	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic <i>(calculated by the worksheet)</i>	df <i>(calculated by the worksheet)</i>	p-value <i>(calculated by the worksheet)</i>	p-value adjusted for clustering at level of random assignment, if applicable <i>(calculated by the evaluator)</i>
	Demographic characteristics									
Age (in years)	12.3	1.1	150	12.4	0.9	160	0.878	308	0.3804	
Female (%)	0.5		150	0.49		160	0.176	308	0.8604	
Hispanic (%)	0.2		150	0.1		160	2.475	308	0.0139	
Race (% and counts) ¹			150			160			0.0008	
American Indian or Alaska Native			20			30				
Asian			30			40				
Black			40			60				
White			60			29				
Two or more races			0			1				

Note: We did not have any students who indicated that they were Native Hawaiian, and deleted that row as per the instructions.

EXHIBIT H: EXAMPLE EXCEL WORKSHEET FOR BASELINE EQUIVALENCE DATA

Characteristics at BASELINE	Treatment Group			Comparison Group			Group differences			
	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	Percentage or Unadjusted Mean	Standard Deviation (for continuous variables)	Sample Size	t-statistic (calculated by the worksheet)	df (calculated by the worksheet)	p-value (calculated by the worksheet)	p-value adjusted for clustering at level of random assignment, if applicable (calculated by the evaluator)
<u>OAH behavioral performance measures</u>										
Ever had sexual intercourse (%)	0.03		150	0.02		160	0.565	308	0.5722	
Got someone pregnant or been pregnant (%) ²	0.01		150	0.01		160	0.000	308	1.0000	
Number of times (mean)	0.02	0.01	150	0.00	0.005	160	21.356	308	0.0000	
Sexual intercourse in prior 3 months (%) ²	0.2		150	0.15		160	1.160	308	0.2470	
Number of times (mean)	0.1	0.11	150	0.12	0.08	160	1.839	308	0.0669	
Sexual intercourse in prior 3 months without using condom (%) ³	0.10		150	0.08		160	0.616	308	0.5384	
Number of times (mean)	0.1	0.22	150	0.09	0.08	160	0.538	308	0.5908	
Sexual intercourse in prior 3 months without using effective contraception (%) ³	0.15		150	0.12		160	0.774	308	0.4397	
Number of times (mean)	0.2	0.1	150	0.3	0.2	160	5.511	308	0.0000	
Notes: Please enter data in the yellow highlighted cells only. Please convert all yes/no responses to yes = one and no = zero in your datafile.										
All binary outcomes should be entered as decimals in the spreadsheet (e.g. 45% should be entered as 0.45). For all "number of times measures," impute cases that skipped out because they had not had sex/gotten someone pregnant/etc to zero in the numerator so that the measure represents the full sample.										
¹ Please construct this variable, or a similar one, from the data. The percentages should sum to 100 percent. A chi-sq statistic is calculated for this variable (provided there are no rows with zero totals).										
² Impute those who have never had sex as zeroes in numerator.										
³ Impute those who did not have ever or did not have sex in prior 3 months as zeroes in numerator.										

EXHIBIT I: Success Story Template

Success Story Template for OAH Grantees

This template is intended for use by OAH Grantees to describe their OAH-funded programs/activities. In order to develop a robust and meaningful success story that OAH can share with outside stakeholders, we ask that you please fill out each section of this template completely. Please use the self-check worksheet at the end of the template to ensure that you have covered all relevant criteria in each section. Please note that OAH plans to use ALL success stories shared with the office.

1. GRANTEE NAME:

2. GRANTEE FUNDING SOURCE (E.G. TPP OR PAF) AND TIER 1 OR 2 (IF A TPP GRANTEE):

3. FOCUS AREA OF STORY:

- Program Implementation
- Collaboration/Partnership Building
- Community buy-in
- Parent Engagement
- Youth Engagement
- Other: _____

4. SUCCESS STORY TITLE:

5. PROBLEM OVERVIEW:

6. PROGRAM/ACTIVITY DESCRIPTION:

7. PROGRAM/ACTIVITY OUTCOMES:

8. CONTACT INFORMATION:

Name:

Title:

Organization:

Phone:

Email:

9. DATE STORY SUBMITTED:

10. OAH PROJECT OFFICER:

Self-Check for Developing an Effective Success Story

❖ DOES THE TITLE:

- Capture the overall message of the story?
- Include an action verb?
- Capture the reader's attention?

❖ DOES THE PROBLEM OVERVIEW:

- Describe the problem being addressed (e.g. teen pregnancy, STIs, etc.) and why it's important?
- Describe how your program/activity is designed to address the problem?
- Use data to frame the problem, including health burden and economic costs?
- Specify the affected population(s)?
- Denote the location of your grant program and where the problem took place?
- Include references for your data?

❖ DOES THE PROGRAM/ACTIVITY DESCRIPTION:

- Denote the name of your program and the purpose of your program?
- Describe the program/activity that was implemented, including where and when it took place and how it addressed the problem?
- Identify who was involved, including your partners?
- Identify the target audience of the program/activity (e.g. age, location, number impacted)?
- Describe how the progress of the program/activity is evaluated (with enough detail for another party to properly understand)?
- State how OAH support contributed to the program/activity?
- Identify the "who, what, where, when, how, and why" aspects of your success story?

❖ DO THE PROGRAM/ACTIVITY OUTCOMES:

- Describe the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem, including the use of data whenever possible?
- Clearly identify the impacts of this program or activity?
- Provide a conclusion to the success story that avoids using broad, sweeping statements?
- Include testimonials or quotes from individuals who benefited from your program, if available?

❖ **OVERALL STYLE REMINDERS**

- Edit for spelling and grammar.
- Do NOT use individual names.
- Keep the success story in third person narrative.
- Use quantitative data whenever possible.
- Ensure that references are properly cited using APA citation.
- Keep story to no more than two pages.
- Stick to the facts. Do not interject an opinion unless you attribute it to someone.
- Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings.”), and be clear about who is doing the action in every sentence.
- Include direct quotes if they strengthen the story.
- Limit use of acronyms. If you use acronyms, spell them out on first mention.
- Use plain language.
- Avoid jargon. Readers often skip over terms they don’t understand, hoping to get their meaning from the rest of the sentence.
- Keep messages simple and concise.
- Avoid broad, sweeping statements (e.g., “There was a noticeable increase in healthy eating habits” or “A significant amount of money was saved”).

EXHIBIT J: SAMPLE SUCCESS STORIES

Using Text Messaging to Reduce Teen Pregnancies

Denver, Colorado

Problem Overview

In a relatively short period of time, text messaging has become the preferred channel of basic communication between adolescent youth and their peers. According to the PEW Research Center, the typical American youth who texts sends 1,500 text messages a month.⁹ Whether employed through a cell phone, computer, or web-based application on a handheld device, text messaging has become an indispensable communication tool for today's youth. The median youth texter sends 60 texts per day—with even higher rates for youth of color—and 63% of youth text daily.¹⁰ Recent research denotes that using cell phones for sexual health programming can increase access to sexual health resources and information and reduce risky sexual behavior.^{11,12} Using text messaging to enhance or provide health education is a promising concept for promoting healthy behaviors in youth.

For Denver youth, the promotion of healthy sexual behavior is needed. Data from the Colorado Department of Health and Environment indicates that the teenage birth rate in Denver, Colorado in 2009 was 52.9 live births per 1,000 females ages 15-19, well above the statewide rate of 35.1¹³ and the nationwide rate of 34.3.¹⁴ In Denver, teen birth rates for youth of color, particularly Hispanic youth, are also much higher than the average.⁵

Program Description

To help alleviate the rate of teenage pregnancy within the Denver metropolitan area, the Denver Health and Hospital Authority, through a cooperative agreement with the U.S. Department of Health and Human Services' Office of Adolescent Health, implemented Wyman's Teen Outreach Program (TOP[®]) with a supplemental text messaging component. TOP[®] targets 12-18 year old youth through a nine-month youth development intervention that includes a community service learning component, and is one of 31 evidence-based program models proven to reduce teen pregnancy.¹⁵ The text message enhancement is based on social norms strategy and social cognitive theory and is designed to engage, reinforce, facilitate, and sustain the norms, attitudes, and healthy behaviors that are taught through the face-to-face TOP[®] program.

⁹ Lenhart, A., Ling, R., Campbell, S., Purcell, K. (2010). *Teens and Mobile Phones*. Pew Internet and American Life Project. <http://pewinternet.org/Reports/2010/Teens-and-Mobile-Phones.aspx>

¹⁰ Purcell, K. (2012) *Teens 2012: Truth, Trends, and Myths About Teen Online Behavior*. Pew Internet and American Life Project, July 11, 2012 ACT Enrollment Planners Annual Conference presentation.

¹¹ Brown, J. (Ed.) (2008). *Managing the Media Monster: The Influence of Media (From Television to Text Messages) on Teen Sexual Behavior and Attitudes*. Washing DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

¹² Juzang I, Fortune T, Black S, Wright E, Bull S. The 411 for safe text: results from a promising pilot program using cell phones for HIV prevention. *J Telemed Telecare* 2010;In press.

¹³ *The State of Adolescent Sexual Health in Colorado 2011*. (2011). Colorado Youth Matter. <http://www.coloradoyouthmatter.org/images/stories/email/SASH2011FINAL.pdf>

¹⁴ Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved May 17, 2012, from <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.

¹⁵ *Evidence-Based Programs (31 Programs)*. Office of Adolescent Health. Retrieved September 11, 2012 from <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>

During the 2011-2012 school year, 98 youth ages 14-18 participated in the TOP[®] program with text message enhancement in the Boys & Girls Clubs of Metro Denver sites. Text messages were sent between 4:30pm and 8:30pm during the week and message responses were reviewed during business hours. The four sections of the text messaging curriculum include:

- (1) **Core Curriculum**, three to seven pre-scripted text messages per week for the 30-week curriculum corresponding to the TOP[®] lesson taught during the week through the Boys & Girls Clubs of Metro Denver;
- (2) **Summer Curriculum**, three to five pre-scripted text messages per week for 13 weeks over the summer months following the end of in-club TOP[®] programming to reinforce TOP[®] lessons;
- (3) **Event-based Messages**, text messages for clubs and service learning project reminders and club event information; and
- (4) **Ad-hoc Messages**, responses to unsolicited incoming messages (e.g. requesting information about the TOP[®] program) to be sent out in a systemized way on an as-needed basis.

Based on feedback from local youth and youth-serving professionals as well as input from youth who had completed the TOP[®] program in other states, these messages include a combination of quizzes, myth/fact questions, polls, fun facts, quotes from celebrities and music artists, resources, websites, and videos.

Program Impact

From October 2011 to May 2012, 15,726 messages were successfully sent to 98 youth. In response to outbound quizzes, myth/fact questions, surveys, polls, and other text messages requesting feedback, 1,364 inbound text messages were received. The number of inbound responses per participant was similar across club sites. Females (14.1 inbound msgs/participant), 16 year olds (14.1 msgs), and those identifying as non-Hispanic (12.3 msgs) had higher rates of responses compared to other demographic groups (male, 9.0 msgs; Hispanic, 10.1 msgs). By category of message, quizzes elicited the highest response rate (20.8%) followed by myth/fact questions (17.9%).

In addition, qualitative feedback was collected via text, anonymous participant satisfaction forms, and in-person interviews. Participants stated that “I liked everything”, “[The texts] tell me things I didn’t know”, “[The texts tell me] there are safe ways to have sex”, “I liked the fun facts. They were not really just fun. I learned a lot from them and it was good to get those when you were not having TOP[®]”, and “Since I share a phone with my sisters, I would read it to them and we’d all argue – that’s a fact – no that’s a myth - and then I’d tell them the answer”. Quotes and fun facts were the two most popular types of texts.

As a result of the text messaging curriculum enhancement, we expect to find that the addition of a text message supplement to the TOP[®] program will result in increases in factors that protect youth from pregnancy (e.g. numbers of supportive relationships, self-efficacy to use contraception and refuse unwanted sex, etc.) and reductions in sexual and social risk behaviors associated with pregnancy (e.g. program engagement, utilization of contraceptive clinic services etc.). We anticipate that results on these measures will be available in 2015.

Delaying Sexual Initiation Through Use of an Evidence-based Teen Pregnancy Prevention Program

Allegany County, Maryland

Problem Overview

Allegany County is geographically isolated in the Appalachian Mountains of Western Maryland and is ranked as one of the unhealthiest counties in the state (23rd out of 24 counties)¹⁶. The county has the third lowest household income in Maryland, with a median income that is less than half the state average¹⁷. Nearly one-quarter of youth under the age of 18 live in poverty¹ and more than half of the students in Allegany County Public Schools qualify for free or reduced lunch¹⁸. Loss of major manufacturing plants has left the citizens of Allegany County with an unemployment rate that hovers above 8%¹⁹.

In 2010, the teen birth rate for the United States was 34.3 births per 1,000 females aged 15-19²⁰. The teen birth rate for Allegany County was slightly higher than the national rate at 35 births per 1,000¹; and significantly higher than the teen birth rate in Maryland at 27.2 births per 1,000⁴. Though high, the outlook would likely be bleaker still if not for the arduous work of community-based organizations, like the YMCA of Cumberland Maryland, to prevent teen pregnancy.

Program Description

With funding from the Office of Adolescent Health, the YMCA of Cumberland has partnered with the Allegany County Public Schools to launch a county-wide initiative to implement the *Adult Identity Mentoring (Project AIM)* program with all 7th grade students in the county. *Project AIM* is an evidence-based program for youth ages 11-14 that has been proven to delay sexual initiation²¹²². The overall goal of the program is to reduce sexual risk behaviors among low-income youth by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention like hopelessness and poverty. *Project AIM* makes an impact by taking youth through a series of lessons to help them imagine a positive future and identify how current risk behaviors can be a barrier to a successful adulthood.

The YMCA implements *Project AIM* for 7th graders in all four of the public middle schools, one private school, and as an after-school program at the YMCA. The program is implemented with

¹⁶ Robert Wood Johnson Foundation County Health Rankings and Roadmaps (2012). <http://www.countyhealthrankings.org/#app/maryland/2012/allegany/county/1/overall>.

¹⁷ U.S. Census State and County Quickfacts (2010). <http://quickfacts.census.gov/qfd/states/24/24001.html>.

¹⁸ Maryland Department of Education (2011). <http://www.msde.maryland.gov/MSDE/programs/schoolnutrition/docs/Free+and+Reduced-Price+Meal+Data>.

¹⁹ Maryland Department of Labor, Licensing & Regulation (2012). <http://www.dllr.state.md.us/lmi/laus/allegany.shtml>.

²⁰ Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved May 17, 2012, from <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.

²¹ Clark, L. F., Miller, K. S., Nagy, S. S., Avery, J., Roth, D. L., Liddon, N., & Mukherjee, S. (2005). Adult identity mentoring: Reducing sexual risk for African-American seventh grade students. *Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 37(4), 337e1-337e10.

²² <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>

fidelity by trained male and female co-facilitators in classroom groups of approximately 20 students. Student participants are encouraged to explore their personal interests, social surroundings, and what they want to become as an adult. Youth envision themselves in a future career and connect current behavior directly to possible success as an adult. Students develop business cards and resumes, complete a career interest inventory, and participate in job interviews. Youth practice skill-building around goal-setting, communication, and decision-making, and have the opportunity to think about their future in terms of milestones to accomplish goals and overcome potential obstacles they may encounter in life.

Program Impact

During the 2011-2012 school year, nearly 500 7th grade students in the Allegany County Public Schools participated in *Project AIM*. Forty-four percent of the participants were female and 56% were male. Independent observations of the program indicated that nearly all sessions (97%) were implemented with fidelity and that the quality of the sessions was excellent. As a result of implementing the program with fidelity, it is expected that the students who received the program will be more likely to delay sexual initiation than they would have if they hadn't received the program; the result of the original evaluation of *Project AIM*.

Feedback from teachers and administrators has been overwhelmingly positive. Each teacher and each administrator had a favorite story to report on the impact of *Project AIM* on their students. Some noted attitude changes among specific students; others liked the messages in *Project AIM* so much that they found themselves frequently referring back to the messages during their regular lessons. One assistant principal pointed to a student in the hall who was still carrying his *Project AIM* portfolio four weeks following graduation from *Project AIM*. The assistant principal said the student had been a frequent visitor to detention and had been addressed weekly for discipline problems. She was pleased to report that she had not seen that student for disciplinary issues since the student started *Project AIM*. Another parent shared how impressed she was with the effect *Project AIM* had on her son's conversations with her. She explained that her son would typically provide little to no information when she asked him about his school day. But, during *Project AIM*, he excitedly initiated conversations with her usually prefacing his comments with, "Guess what we did in *Project AIM* today?" School personnel love it, parents love it, our facilitators love it, but most of all, the youth love it.

With funding from OAH, the YMCA of Cumberland Maryland and the Allegany County Public Schools will continue to partner to provide *Project AIM* to all 7th grade students in the county each year through the 2014-2015 school year.

Strong Partnerships for Implementing Evidence-based Curriculum Assist with the Decline in Teen Pregnancies in Harris County, Texas

Harris County, Texas

Problem Overview

Unintended teen pregnancy remains a serious public health concern in the United States. A report released in April 2012 by the National Center for Health Statistics denotes that the national level of teen pregnancies is 34.3 teenage births per 1,000 women between the ages of 15-19.²³ In Harris County, Texas, which has a teen birth rate 50% higher than that of the nation, adolescent females are especially at high risk of unintended pregnancy.²⁴

Harris County comprises 22 school districts that have more than 180 middle schools, with approximately 178,000 middle school students. The University of Texas Health Science Center at Houston (UTHealth) partners with other county organizations to promote widespread adoption and implementation of evidence-based teen pregnancy prevention programs throughout the county to reduce teen pregnancies. Partnering presented a unique challenge for all involved entities because the leadership, principals, administrators, and teachers of each school district had to agree to participate and allocate resources, time, and physical space to support implementation of these programs.

Program Description

For the past 20 years, UTHealth has had ongoing partnerships with school districts across Harris County to develop and evaluate *It's Your Game...Keep It Real (IYG)*, an evidence-based sexual health education curriculum targeting middle school students²⁵. *IYG* is a classroom and computer-based HIV, STI, and pregnancy prevention program for 7th and 8th grade students. An evaluation of *IYG* found that, in the Spring of ninth grade, one year after the program ended, students who received the program were significantly less likely to report having initiated sexual activity²⁶.

In 2010, the U.S. Department of Health and Human Services' Office of Adolescent Health awarded UTHealth funds to implement *IYG* within 10 Harris County school districts and one charter school system. UTHealth staff worked closely, through School Health Advisory Committees and individual meetings with school leaders, principals, administrators, and teachers in these districts, to prioritize the problem of teen pregnancy while emphasizing the importance

²³ Hamilton BE, Ventura SJ. Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups. NCHS data brief, no 89. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved May 17, 2012, from <http://www.cdc.gov/nchs/data/databriefs/db89.htm>.

²⁴ Texas Teen Birth Rates by County, 2010. <https://sph.uth.tmc.edu/tprc/2012/04/27/texas-teen-birth-rate-by-county-2010/>.

²⁵ <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html>

²⁶ Tortolero, S. R., Markham, C. M., Fleschler Peskin, M., Shegog, R., Addy, R. C., Escobar-Chavez, S. L., & Baumler, E. (2010). It's your game: Keep it real: Delaying sexual behavior with an effective middle school program. *Journal of Adolescent Health, 46*(2), 169–179.

of using an evidence-based teen pregnancy prevention program to alleviate the problem. A Program Champion was identified in each of the 10 districts to facilitate district approval and implementation of *IYG*.

Program Impact

In 2011, UTHealth trained 356 teachers who piloted *IYG* in 73 middle schools reaching 23,056 students. Full-scale implementation and evaluation of *IYG* in 80 schools in the 10 districts in Harris County will begin in Fall 2012 and is expected to reach approximately 30,000 youth annually. After the initial pilot year in 2011, school leaders, teachers, students, and parents reported being supportive of *IYG*.

In Spring 2012, UTHealth developed a Teacher Advisory Group (TAG) consisting of teachers who represent each of the 10 participating districts. Teachers were asked to sit on the advisory group to provide feedback and insight on *IYG* implementation during the pilot year. The TAG proved to be successful as UTHealth discovered that teachers felt that the *IYG* training and the curriculum improved their ability to engage students as well as to assist their ability to be a valid sexual health resource to others in their school community. TAG provided further insight on survey questions for all implementing teachers that will be used in the upcoming year. These questions will allow UTHealth to understand how many teachers have been positively impacted by the *IYG* program. UTHealth also convened small groups of parents in Spring 2011 to assess parental attitudes towards *IYG* and sexual health; they found that parents were supportive of *IYG* and would like more opportunities to improve their communication skills with their children.

EXHIBIT K: FEDERAL FINANCIAL REPORT GUIDANCE

Please see Grantee Federal Report Guidance attached.