

# Focus on Youth with Informed Parents and Children Together (ImPACT): An HIV Prevention Intervention for African American Youth

---

## DESCRIPTION

---

Focus on Youth with Informed Parent and Children Together (ImPACT) is a community-based eight-session group HIV/STD prevention program with an additional parent component. It is targeted to high-risk urban African American youth. The original study and intervention program, known as Focus on Kids, has shown this intervention to be effective with low-income urban African American youth in providing them with the knowledge and skills they need to protect themselves from HIV and other sexually transmitted diseases. The program has been adapted and renamed Focus on Youth as part of the Diffusion of Effective Behavioral Interventions project to reduce the risk of HIV among high-risk youth. It was designed for youth ages 9 to 15; however, it has been used with youth as old as 20 in communities where the average age at which youth initiate sex is older. Because it is important to reach youth before they are sexually active, communities should individually determine the appropriate age group for the program by looking at local or statewide data on average age of sexual initiation, teen pregnancy, or STD rates.

### Goals

Focus on Youth is intended to increase knowledge about HIV/AIDS and improve communication, decision making, and condom use among youth. Abstinence and avoidance of substance use and drug trafficking are also emphasized.

### Theories Behind the Intervention

The theoretical framework on which Focus on Youth is based is the Protection Motivation Theory (Rogers, 1983), a social cognitive theory that:

- Emphasizes the balance between pressures to engage in risk behaviors, risks involved and considerations of the alternatives;
- Emphasizes that attitudes or behavior change occurs when protection motivation is aroused, and not when a person is simply fearful;
- Posits that two pathways, a coping appraisal and a threat appraisal, combine to result in motivation to protect oneself. This protection motivation, in turn, leads to either reduction or cessation of a harmful behavior or instigation of a healthful behavior.

### **How it Works**

The group-level intervention consists of fun, interactive activities such as games, role-plays, group discussions and community projects to convey HIV prevention knowledge and risk reduction skills. Focus on Youth specifically enhances the following skills: 1) decision making regarding risk and protective behaviors, 2) refusal and negotiation skills, 3) correct condom use, and 4) communication.

ImPACT, the parental component of the program, is a 60-minute parental monitoring intervention targeting parents and guardians of high-risk urban youth and their adolescent children. The intervention is delivered by a health educator to the parent and child in their home or convenient community location. ImPACT consists of an approximately 25-minute culturally appropriate video documentary, a discussion with a health educator, two guided role plays, a workbook, and a condom demonstration. The documentary video, viewed by the health educator, parent, and child together, features scenes of real parents and youth talking and professionals working with parents and youth, and stresses the importance of parents talking to their children openly and clearly about their values and expectations as they relate to sexual practices. It is followed by a health educator–led discussion focused on reinforcing messages from the documentary on monitoring, communication, and HIV prevention. The health educator leads two supervised, guided role-plays in which parent(s) and youth participate in a mock communication about monitoring, communication, abstinence, sex, condoms, STDs, and HIV. A condom demonstration during which both the parent and child practice correct condom use is the final component of the intervention.

### **Research Findings**

In the original study of the Focus on Youth intervention in Baltimore, Maryland, participants were more likely than controls to use condoms if they were sexually active (85% vs. 61%). The intention to use condoms was higher than at baseline, and the program also appeared to lower truancy, drug dealing, and fighting.

In a study in which participants were randomized to groups receiving Focus on Youth alone, or ImPACT, which included a parental monitoring intervention, youth in the parental monitoring group reported significantly lower rates of sex, sex without a condom, alcohol use and cigarette use. At the 24-month follow-up, they had lower rates of school suspension, weapon carrying, use of tobacco, use of marijuana and other illicit drugs, and were likely to know if a sex partner had used a condom.

---

## **CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES**

---

### **Core Elements**

Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theory upon which the intervention or strategy is based; they are thought to be responsible for the intervention’s effectiveness. **Core elements are essential and cannot be ignored, deleted, or changed.**

**Implementation core elements** are the essential characteristics of a program that relate to some of the logistics that set up a conducive learning environment, such as program setting, facilitator–youth ratio, dosage and sequence of sessions.

**Content core elements** are the essential characteristics of a program that relate to WHAT is being taught by the program, that is, the knowledge, attitudes and skills that are addressed in the program’s learning activities and are believed to change sexual risk behaviors. The knowledge, attitudes and skills addressed in a program generally map with the determinants or risk and protective factors addressed by a program.

**Pedagogical core elements** are the essential characteristics of a program that relate to HOW its content is taught. The core components in this category identify the teaching methods, strategies and student interactions that contribute to the program’s effectiveness.

**Focus on Youth** has the following 8 core elements:

### **Implementation Core Elements**

- Deliver intervention to youth in community-based settings.
- Use two skilled facilitators to model communication, negotiation and refusal skills for the youth.
- Use “friendship” or venue-based groups (i.e., a basketball team, a scout troop, church group, an existing youth group) to strengthen peer support.

### **Content Core Elements**

- Use culturally appropriate interactive activities proven as effective learning strategies to help youth capture the important constructs in the theory.
- Include a “family tree” to contextualize and personalize abstract concepts, such as decision-making and risk assessment.
  - In this activity, youth are given a skeleton of a family tree and asked to create the circumstances of and the relationships between the family members. The characters in the family are used throughout the curriculum to put decision-making into a personal context for the youth.
- Enable participants to learn and practice a decision-making model such as Stop, Options, Decide and Act (SODA).
- Train participants in assertive communication and refusal skills specifically related to negotiation of abstinence or safer sex behaviors.
- Teach youth proper condom use skills.

The parent component, **ImPACT**, has the following 7 core elements:

## **Implementation Core Elements**

- Deliver intervention *one-on-one* to parents and youth in the home or a community-based setting with privacy at a time and place that is convenient for the parent/guardian.
- Use a facilitator whom the parents find credible. The facilitator should be skilled at building rapport with parent and youth at the beginning of the session.

## **Pedagogical Core Elements**

- Show and discuss the Focus on Youth parent documentary that depicts the challenges and importance of parents monitoring and talking to their children aged 12–15 years about sex, abstinence, STDs, HIV, and condoms. Facilitator must sit down and watch the video with parent and youth. Youth and parent must watch the video together.
- Relay important information through an entertaining format such as role-playing activities.

## **Content Core Elements**

- Enable youth–parent to learn and practice communication skills.
- Teach parent and youth proper condom use skills.
- Distribute and guide parent and youth through an educational workbook that includes the following topics:
  1. Basic components of good communication and how to talk to your kids
  2. Importance of parental monitoring
  3. Condom use steps
  4. Facts about STDs and HIV, including prevalence data among young African-Americans

## **Key Characteristics**

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

**Focus on Youth** has the following key characteristics:

- Include between 6 and 10 youth in the program.
- New members should not join once the series of sessions has begun. If youth join after first session, a make-up session should be offered.
- Each session should last approximately 90-120 minutes
- Use skilled facilitators who are the same gender as the youth target population.
- Have at least one facilitator who is of the same race and ethnicity as the majority of the participants.
- Embed culturally and linguistically based activities for the target population.

- Form groups that contain members of the same gender and age group. Youth groups should have no more than a 3-year age difference between members in a group.
- Inform parents about the program and its goals and activities, and tell them that they should sign a parental permission form.

Any modification of Core Elements and Key Characteristics should be done with great care and should not compete with or contradict the intent, theory, and internal logic of the intervention.

### **Procedures**

Procedures are detailed descriptions of some of the above-listed elements and activities.

Procedures for Focus on Youth are as follows:

#### **Needs Assessment**

Before implementing the Focus on Youth intervention, agencies should conduct a needs assessment to determine the risk behaviors of the youth being targeted for the program, obtain support from parents and community leaders, and ensure that the program is appropriate for the targeted youth. A formal strategy for conducting a needs assessment involves the development of an advisory board consisting of community members, leaders, and youth. Another strategy is to conduct a few focus group meetings with groups of 8 to 10 parents and youth to ask what they believe youth need to learn to protect themselves from HIV. A final strategy is to get survey information, if available, to determine risk behaviors most common among youth in your targeted community. The needs assessment should include conducting focus groups and interviews with youth and community leaders.

Findings from the needs assessment should be used to determine whether any adaptations are needed for the intervention. Culturally and linguistically appropriate changes to the intervention can help ensure that the program best meets the needs of the targeted youth.

#### **Conducting Focus on Youth Sessions**

The Focus on Youth sessions should occur on a weekly basis. Each of the sessions has a specific goal, key message and objectives. The goals and key messages of each of the sessions are as follows:

##### **Session 1: We're All in This Together**

*Purpose:* To establish a cohesive group, set ground rules and allow youth to begin learning skills for decision making.

*Key Message:* The decisions you make as an adolescent affect you when you become an adult.

##### **Session 2: Risks and Values**

*Purpose:* Youth will examine risk behaviors and look at why they might feel invincible or invulnerable in order to understand how this can place them at risk for HIV/STD or

unplanned pregnancy. In addition, youth will identify their values through discussion, ranking and voting activities.

*Key Messages:*

- Certain situations can make individuals feel invulnerable and invincible. This can cause them to make decisions that could lead to unwanted pregnancy or contracting HIV.
- Everyone has different values and it is okay to listen to different points of view.
- Identifying and ranking personal values, as well as developing an understanding of those with differing values, helps with decision making.
- Knowing your values can help you make decisions to prevent HIV and other STDs.

### **Session 3: Educate Yourself: Obtaining Information**

*Purpose:* Youth will learn ways to obtain information in order to make good decisions by applying the decision-making model and researching answers to questions.

*Key Messages:*

- Being informed about local resources and HIV and STD prevention can aid in the decision-making process.
- Discussing HIV and other STD prevention with parents or guardians promotes healthy choices.

### **Session 4: Educate Yourself: Examining Consequences**

*Purpose:* Youth will learn how to weigh the positive and negative consequences of options as they make decisions. Session provides skills-building through condom demonstration.

*Key Messages:*

- Understanding proper steps for condom use and being comfortable with saying you want to use condoms increases the chances of actually using them.
- Understanding the good consequences (pros) and bad consequences (cons) of various options can help you make better decisions.

### **Session 5: Build Skills: Communication**

*Purpose:* Youth will learn communication and negotiation skills to assist in carrying out responsible decisions. Participants practice aggressive, assertive and non-assertive communication styles.

*Key messages:*

- Understanding that certain styles of communication can help your point of view be better understood by others.
- Using body language to enhance communication with others.
- Understanding the importance of being aware of the nonverbal messages others are communicating.
- Understanding the consequences of miscommunication and ways to avoid it

## **Session 6: Sexual Health and Showing You Care Without Having Sex**

*Purpose:* Youth will engage in role-play to explore various ways to show they care without having sex and will learn information about sexual health.

*Key Messages:*

- Understanding that sex is a normal, healthy part of life, but it is important to wait to have sex in a way that is safe, healthy and in line with one's values.
- Learning that there are many ways to show one cares without having sexual intercourse.
- Understanding the advantages, disadvantages and effectiveness of each method of contraception.

(See Optional All-Day Retreat, below)

## **Session 7: Attitudes and Skills for Sexual Health**

*Purpose:* Youth will learn attitudes and skills that support sexual health through listening to a speaker, completing a goal-setting activity and role-playing refusal and negotiation skills.

*Key Messages:*

- Understanding that there is value in setting both long-term and short-term goals and tracking your progress toward reaching those goals.
- Understanding the process and consequences of decision making and self-awareness of values and goals to avoid or prevent obstacles.
- Recognizing that while some obstacles to goals cannot be prevented, having solutions for each obstacle including the presence of supportive people are keys to reaching goals.

## **Session 8: Review and Community Project**

*Purpose:* Youth will build self-efficacy about HIV/STD prevention through analyzing their concerns and how they can take responsibility; testing their HIV knowledge, affirming each other and planning community projects.

*Key Messages:*

- Reviewing the components of safer-decision making about sex and other important decisions, taking responsibility for one's actions and effective communication.
- Recognizing the potential for being a positive force in the community.

## **Optional All-Day Retreat for Session 6**

*Purpose:* The retreat offers an opportunity for boys' and girls' groups to work together as well be inspired by an outside speaker.

Sample Agenda:

- Introduction Game and Opening Ritual
- Review of Session 5
- Ways to Show You Care
- HIV Transmission Game

- Recreational Activities
- Lunch
- Outside Speaker
- Contraception Lesson
- Recreational Activities
- Wrap-Up and Closing Ritual

Location: A park or camp site

Transportation: Agencies should provide or reimburse youth for transportation to the park.

Lunch: Agency should provide lunch for youth at the park.

Recreational Activities: Agencies should allow the youth to decide on appropriate recreational activities such as relays, tug-of-war, hikes, scavenger hunts.

Guest Speaker: The invited speaker should be a respected member within the community. It is important for agencies to know in advance what the guest speaker will say to ensure it will be an appropriate message for the youth. Recommended topics for the speaker to address include the importance of having an HIV test and knowing your partner's status; discussing sex with parents and other trusted adults; choosing abstinence or condom use; and the consequences of unprotected sex.

For the all-day retreat, there should be parent chaperons. A good ratio is 1 adult for every 4 youth. In addition, agencies should have emergency contact and medical information on record for all participants.

### **ImPACT Parent Intervention**

*Purpose:* To build increased monitoring and communication skills for parents, and enhance parent-child relationships.

Format: Parent's home, preferably; however, a private space at the agency can also be considered.

Timing: Preferably before the first session or by the third session in order to set the stage for youth and their parents to discuss and learn what the program is about.

Who Should Attend: one or both parents can participate with their child.

Childcare: Agencies should make provision for childcare if the intervention cannot be delivered at the parent's home.

Vignette activities: The facilitator may make changes to the names or locations in the vignettes to make them more relevant to their group.

Refreshments: Agencies should provide light refreshments.

During this session, the facilitator will

- Explain the purpose of the session.
- Review the purpose of the Focus on Youth intervention.
- Conduct an icebreaker activity.
- Provide HIV 101 information.
- Show and discuss parent documentary.
- Demonstrate the steps for proper condom use.



- Conduct the condom demonstration game or condom use card activity.
- Engage parents and their child in role-playing of various vignettes.
- Ask parents and youth for questions related to any of the activities or the intervention.
- Review with parents some basic tips about communicating with their youth about abstinence, sex, HIV, and condoms.

The Focus on Youth parent documentary is short film documentary designed to teach parents effective ways to talk to their teenaged children about sex and HIV/AIDS. The video stresses the importance of open communication between parents and teens. This video tackles these issues head-on in an effort to increase open and honest communications with the teenage children *before* they start having sex. The film allows teens, their parents and experts to talk openly about their feelings about sex and HIV/AIDS. The film shows these topics through various points of view, including teens, parents and educators.

The key messages for the parent documentary are listed below:

1. It is important to talk to your child about sex.
2. It is important to know who your child is with, what they are doing and where they are.
3. Talking with your child is difficult but it gets easier after time.
4. If you feel you cannot talk to your children about sex, it is important that you find someone else who shares your values to talk to them.
5. It is important for youth to know how they would respond if they are in a situation in which they might be pressured into having sex (the pressure could be a positive—boyfriend discussion of how much he loves you).
6. Parents should talk to their children about proper condom use.
7. Communication goes both ways.
8. There are serious consequences to risky sexual behavior.
9. Allow youth to grow towards independence, but set guidelines.

---

## RESOURCE REQUIREMENTS

---

### **Facilitators**

The Focus on Youth intervention should be facilitated by two health educators (at least one full-time employee). The facilitators should be of the same race/ethnicity and gender as the target population. The staff should be well-versed on HIV transmission and methods for preventing HIV transmission and should have a nonjudgmental attitude toward youth who engage in risky sexual behaviors. Partnering agencies, if any, should be identified as well as a location to conduct a group session with 6–10 youth.

Facilitators should possess the following qualifications:

- Ability to reach young people
- Ability to keep the group fun and interactive

- Experience in managing youth groups
- Comfort in addressing issues of sexuality and sexual health
- Ability to work collaboratively with other leaders in the community, such as teachers, clergy, and local service providers
- Ability to present information in a nonjudgmental manner
- Mastery of HIV and STD prevention concepts
- Commitment to the purpose of the program
- Previous experience in facilitating youth groups

Before implementing the intervention, facilitators should thoroughly review all program materials, plans, and logistics. Specific materials and instructions are provided in the intervention kit. In addition, the staff should copy materials and purchase incentives and other materials necessary to implement the intervention. Facilitators should create a culturally sensitive environment and should understand the participants' cultural heritage and peer norms. Facilitator–participant language and dialect matches should also be considered. This will enable the facilitators to understand how their youth relate to their peers, parents and community.

### **Materials**

The Focus on Youth intervention package is available through the ETR Associates. The intervention package includes

- Facilitator Curriculum
- Youth Workbook
- Facilitator Parent Session Guide
- Parent Session Workbook
- Parent Video (DVD)
- Evaluation Manual and Monitoring Forms
- Technical Assistance Guide

For more information on receiving training or technical assistance on this intervention, please visit [www.etr.org](http://www.etr.org) or [www.effectiveinterventions.org](http://www.effectiveinterventions.org).

---

## **RECRUITMENT**

---

### **Youth Participants**

To encourage participation, Focus on Youth should be publicized as a program for at-risk youth who are in the appropriate age group as determined by the needs assessment. Focus on Youth is a behavioral change intervention targeting youth at high risk for infection with HIV. In the original study, Focus on Kids used “natural friendship groups,” or youth who already spend time together. Agencies are expected to recruit members from after-school extracurricular or tutorial programs, recreation clubs, dance groups, sport teams, group homes for youth, or other relevant groups. Youth can also be recruited through street outreach efforts using flyers or brochures. Specific cultural needs and social barriers should be addressed when recruiting youth.

Incentives can be used to enhance retention in the Focus on Youth program. For example, agencies may use bus tokens to provide youth with transportation to and from the sessions, or provide snacks, food, gift certificates or small gifts. In addition, childcare may be provided during the sessions. School credit and small stipends are all used as positive reinforcements.

### **Parents or Caregivers**

Ensuring that parents or caregivers are brought into the program is important. Prior to the delivery of the program, agencies should offer a pre-session orientation that explains what the program is about and allows parents or caregivers to sample some of the activities used in the curriculum. During the orientation, parents are expected to sign a consent form for their child to participate in the program. In certain circumstances, such as with runaway or homeless youth, permission slips are not needed. In this pre-orientation, facilitators should also speak to parents about participating in ImPACT and start signing parents up for dates and times, with a process for reminder correspondence. This orientation should be later followed by the ImPACT parent session to help youth and their parents or caregivers improve their communication skills and strengthen the impact of the program. The session should occur before the third youth session.

### **Local Community Businesses**

Obtaining support from community organizations and businesses is an important function of the Focus on Youth intervention. Local businesses can support the program in various ways. These include providing snacks, gift certificates, movie tickets, or other incentives. Businesses can be recruited for support via donation letters and face-to-face visits. Solicitation of help should be sought from businesses at the beginning of the program since certain businesses donations have to be approved in advance and go through a chain of command.

---

## **NECESSARY POLICIES AND STANDARDS**

---

Before an agency attempts to implement Focus on Youth, the following policies and procedures should be in place to protect youth, the agency, and the facilitators:

### **Targeting of Services**

Agencies must establish criteria for, and justify the selection of, the youth target populations. Selection of appropriate youth populations must be based on epidemiologic data, behavioral and clinical surveillance, and the state or local HIV prevention plan created with input from the state or local community planning group(s).

### **Parental Informed Consent**

Agencies must have a parental consent form, which carefully and clearly explains in accessible language the agency's responsibility and the participants' and parents rights. Individual state laws may vary regarding consent procedures for minors, but at a minimum consent should be obtained from each parent or a legal guardian if the participant is a minor or unable to give legal consent. Youth participation must always be voluntary, and documentation of this parental consent must be maintained by the agency.

**Safety**

Agency policies must exist for maintaining safety of facilitators and youth. Plans for dealing with medical or psychological emergencies must be documented.

**Confidentiality**

A system must be in place to ensure that confidentiality is maintained for all youth in the program. Before sharing any information with another agency to which a youth is referred, signed parental informed consent from a parent or legal guardian must be obtained.

**Legal/Ethical Policies**

Agencies must know their state laws regarding disclosure of HIV status to sex and/or needle-sharing partners, and agencies are obligated to inform parents of the agency's responsibilities if a youth tests positive for HIV and/or if the youth self-discloses an intention to hurt him/her self or others.. Agencies also must inform parents or legal guardians about state laws regarding the reporting of domestic violence, child abuse, and sexual abuse of minors.

**Linkage of Services**

Recruitment and health education and risk reduction must be linked to counseling, testing, and referral services for youth of unknown status, and to care and prevention services for people living with HIV. Agencies must develop ways to assess whether and how frequently the referrals made by staff were completed.

**Referrals**

Agencies must be prepared to supply appropriate referrals to session participants as necessary. Providers must know about referral sources for prevention interventions/counseling if youth need additional assistance in decreasing risk behavior.

**Data Security**

Data must be collected and reported in accordance with CDC requirements to ensure data security and client confidentiality. The data should be kept in a secure, locked place that is accessible only to appropriate staff at their work place.

**Cultural Competence**

Agencies must strive to offer culturally competent service by being aware of the demographic, cultural, and epidemiologic profile of their communities. Agencies should hire, promote, and train staff across all disciplines to be representative of and sensitive to these cultures. In addition, materials and services must be offered in the preferred language of youth where possible, or make translation available, if appropriate. Youth and parent involvement in designing and implementing prevention services is encouraged to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competency in programs and services.

### **Personnel Policies**

Agencies conducting recruitment, outreach, and health education and risk reduction must establish a code of conduct for personnel. This code should include, but not be limited to, no drug or alcohol use, appropriate professional behavior with youth and their parents, and no loaning or borrowing of money.

### **Volunteers**

If an agency is using volunteers to assist in or conduct this intervention, the agency should know and disclose how their liability insurance and workers' compensation applies to volunteers. Agencies must ensure that volunteers receive the same training and are held to the same performance standards as employees. Agencies must also ensure that volunteers sign and adhere to a confidentiality statement. All training should be documented.

---

## **QUALITY ASSURANCE**

---

Quality assurance (QA) activities for both providers and participants should be in place when implementing the Focus on Youth intervention.

### **Facilitator**

Facilitators of the Focus on Youth program should have knowledge of HIV risk and transmission and statistics in their local jurisdictions as well as national statistics. Training for facilitators should address the following three areas: 1) completion of a training course, including review of the intervention and evaluation materials; 2) participation in practice sessions; and 3) observed co-facilitation of groups, including practicing mock intervention sessions.

Facilitators should reflect the target population in race and gender and will be expected to deliver the information in a non-threatening and culturally relevant manner. Agencies should have in place a mechanism to ensure all sessions and core elements are implemented with fidelity. QA activities can include direct observation and review of sessions by staff involved in the intervention. Facilitator observation forms are provided with the intervention package. The form focuses on the quality (or adherence to the fidelity) of the sessions delivered and the responsiveness and openness of the youth to the facilitators. Facilitators should collect all evaluation forms following each session and ensure participant confidentiality. In addition, facilitators should ensure that all youth are actively participating in each of the sessions. Bimonthly meetings with supervisors to discuss progress and/or opportunities for change are encouraged.

### **Participants**

The participants' satisfaction with the intervention and their comfort should be assessed during each session. Evaluation forms are provided in the intervention package and should be disseminated during each session. In addition, agencies can develop their own forms to assess participant satisfaction.

---

## MONITORING AND EVALUATION

---

Program evaluation is an essential activity for any public health program. The Focus on Youth intervention contains an evaluation manual and monitoring forms to assist agencies in their evaluation of the program. The manual provides sample tools and information to help agencies determine the impact of their program delivery and what changes may improve the impact. The resulting data can be used to improve program delivery, write agency reports, determine additional program or service needs, or conduct a formal evaluation of their Focus on Youth program.

Evaluations are typically designed to answer a series of outcome and process questions. These questions, as they pertain to Focus on Youth, are described below:

### **Process Questions**

The answers to process evaluation questions help program implementers determine why the outcome results may have occurred, and what changes may need to be made to the program to improve outcome performance. These questions focus on the program activities, materials and resources; they determine whether the program actually being evaluated reflects the program that was intended, what factors had an impact on delivery, and whether participants would recommend participation in the program to others.

Examples of process questions addressed in the Focus on Youth program:

- Did facilitators deliver the program as intended? Did they use the materials correctly? Did they skip any key concepts? What changes did they make? What difficulties did they encounter?
- What percentage of youth who were recruited for the program attended Session 1? What percentage of youth who participated in the program attended all 8 sessions?
- What percentage of youth participants' parents participated in the ImPACT intervention?
- Were youth engaged in the sessions? Did youth enjoy the program and program facilitators?
- Were parents engaged in the ImPACT session? Did they enjoy this component and the program facilitators?

### **Outcome Questions**

It is important for agencies to determine whether the intended outcomes of their Focus on Youth program have been achieved. Outcomes may be immediate or long-term. Short-term outcome questions reflect changes in knowledge, skill and attitudes. Long-term outcomes reflect intended behavior change. Depending on the length of follow-up with youth, intensity of the intervention, and unique participant characteristics, it may be unrealistic to expect immediate change in youth behavior after participation in the Focus on Youth program. However, if evaluation expertise and resources are available, agencies are encouraged to follow up with their youth participants 3 and 6 months after their participation in Focus on Youth to examine changes in HIV risk behaviors.

Outcome evaluation questions are answered by comparing performance of program participants to that of groups of similar individuals who did not participate in the program. The best evaluation studies randomly assign potential participants to either receive the program or to receive another program or no program. However, this typically is costly and difficult logistically. An alternative is to find groups of youth who are very similar to program youth and also have them respond to the evaluation instruments. This would allow agencies to determine whether or not their Focus on Youth program is making a significant impact in decreasing youth HIV risk behaviors. If this is not possible, often the best that can be done is outcome monitoring that evaluates youth performance on outcomes prior to participating in the program and then again after program completion.

Sample outcome questions addressed in the Focus on Youth program:

**Overall evaluation question:** Did the youth participating in the program attain the desired program outcomes?

**Immediate outcomes:** At the conclusion of Focus of Youth, can participating youth

- State correct information about HIV and other STDs, including modes of transmission and prevention? (knowledge change)
- State their own personal values and understand how these relate to pressures to engage in sexual risk behaviors? (knowledge and attitudinal changes)
- Demonstrate skill in decision-making, communicating and negotiating with other youth regarding sexual and drug topics? (skill/behavior changes)
- Demonstrate how to use a condom correctly? (skill/behavior change)
- Indicate intention to discuss sex with their parent or guardian? (intention change)
- Indicate intention to use a condom or abstain from sex? (intention change)

**Long-term outcomes:**

- Do Focus on Youth participants now report more condom usage, more HIV/STD testing, and higher rates of abstinence compared with their behaviors prior to participating in the program? (outcome monitoring)
- Do Focus on Youth participants report more condom usage, more HIV/STD testing and higher rates of abstinence than youth who did not participate in the program or who participated in another program? (outcome evaluation—optional)

Suggested evaluation and monitoring intervention activities include the following:

- Collect and report process and outcome monitoring data in accordance with CDC requirements;
- Enter and transmit data for CDC-funded services on PEMS (Program Evaluation Monitoring System), a CDC-provided browser-based system, or describe plans to make a local system compatible with CDC's requirements;
- Collect and report data consistent with CDC requirements to ensure data quality, security and client confidentiality.

---

## KEY ARTICLES AND RESOURCES

---

### Technical Assistance

Agencies directly funded by CDC, can request Capacity Building Assistance (CBA) services through the CBA Request Information System (CRIS) at [www.cdc.gov/hiv/cba](http://www.cdc.gov/hiv/cba). Once a request has been processed, it will be forwarded to both the project officer and the appropriate CBA provider for that particular focus area.

### Theory

Rogers RW. Cognitive and physiological processes in fear appeals and attitude change: a revised theory of protection motivation. In: Cacioppo J, Petty R, eds. *Social Psychophysiology*. New York: Guilford Press; 1983.

### Primary Intervention Evaluations

Li X, Stanton B, Feigelman S, Galbraith J. Three-year cumulative risk behaviors among African American adolescents participating in a trial of an HIV-risk reduction intervention. *Journal of the National Medical Association* 2002;94:784–796.

Stanton B, Cole M, Galbraith J, Li X, Pendleton S, Cottrell L, Marshall S, Wu Y, Kaljee L. A randomized trial of a parent intervention: Parents can make a difference in long-term adolescent risk behaviors, perceptions and knowledge. *Archives of Pediatrics and Adolescent Medicine* 2004;158:947–955.

Stanton B, Fang X, Li X, Feigelman S, Galbraith J, Ricardo I. Evolution of risk behaviors over two years among a cohort of urban African-American adolescents. *Archives of Pediatrics and Adolescent Medicine* 1996; 25:52–61.

Stanton B, Fitzgerald A, Li X, Shipena H, Ricardo I, Galbraith J, Terreri N, Strijdom J, Hangula-Ndlovu V, Kahihuata J. HIV risk behaviors, intentions and perceptions among Namibian youth as assessed by a theory-based questionnaire. *AIDS Education and Prevention* 1999;11:132–149.

Stanton B, Li X, Ricardo I, Galbraith J, Feigelman S, Kaljee L. A randomized controlled effectiveness trial of an AIDS prevention program for low-income African-American youth. *Archives of Pediatrics and Adolescent Medicine* 1996; 150:363–372.

Wu Y, Stanton B, Galbraith J, Kaljee L, Cottrell L, Li X, Harris CV, D'Alessandri D, Burns JM. Sustaining and broadening intervention impact: A randomized controlled trial of three adolescent risk reduction intervention approaches. *Pediatrics* 2003;111(1):e32–8.

### Implementation

Galbraith J, Ricardo I, Stanton B, Black M, Feigelman S, Kaljee L. Challenges and rewards of involving community in research: An overview of the "Focus on Kids" AIDS-prevention program. *Health Education Quarterly* 1996; 23: 383–394.



### **Secondary Analyses of Intervention Aspects**

Li X, Feigelman S, Stanton B. Perceived parental monitoring and health behaviors among urban low-income African American children and adolescents. *Journal of Adolescent Health* 2000;27:43–48.

Li X, Stanton B, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over four years. *Journal of Adolescent Health* 2000;27:49–56.

Li, X, Stanton B, Galbraith J, Burns J, Cottrell L, Pack R. Parental monitoring intervention: Practice makes perfect. *Journal of Adolescent Health* 2002;95:364–370.

Romer D, Hornik R, Stanton B, Black M, Li X, Ricardo I, Feigelman, S. "Talking" Computers: An efficient and private method to conduct interviews on sensitive health topics. *Journal of Sex Research* 1997;34:3–9.

Stanton B, Li X, Black M, Ricardo I, Feigelman S, Galbraith J. Longitudinal stability and predictiveness of sexual perceptions, intentions, and behaviors among early adolescent African-Americans. *Journal of Adolescent Health* 1996;18:10–19.

Stanton B, Li X, Galbraith S, Cornick G, Feigelman S, Kaljee L, Zhou Y. Parental underestimates of adolescent risk behavior: A randomized controlled trial evaluating an intervention designed to increase monitoring in a low income urban setting. *Journal of Adolescent Health* 2000;26:18–26.

Stanton B, Li X, Galbraith J, Feigelman S, Kaljee L. STDs, HIV and pregnancy prevention: Combined contraceptive practices among urban African-American early adolescents. *Archives of Pediatrics and Adolescent Medicine* 1996;150:17–24.

Stanton B, Li X, Pack R, Cottrell L, Harris C, Burns J. Longitudinal influences of perception of peer and parental factors on African-American adolescent risk involvement. *Journal of Urban Health* 2002; 79:536–548.