

Assessing outcomes of a statewide adolescent HIV prevention services initiative

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Abstract #155700

**2007 American Public Health Association Meeting
Washington, DC**

Issues and approach

- HIV prevention programs tailor their efforts in order to address the needs of the communities and constituencies they serve
- This creates challenges when assessing the effectiveness of overall initiatives
- Identifying and assessing a set of shared outcomes aids in creating a unified initiative and improving individual program performance

Overview

- The NYS Department of Health Adolescent HIV Prevention Initiative funds 27 community-based agencies to provide HIV prevention services to youth in a wide range of communities and settings
- Through a collaborative process, department staff, program providers and a university partner identified core HIV prevention outcomes of the initiative
- A tool to compile information on each outcome was developed and pilot-tested

Collaborative process

- Program provider meetings
- Assessment of existing, diversified program evaluation strategies
- Stakeholder involvement in development and review of outcomes and approach to compiling data about them (conference calls)
- Development of report template
- Pilot period leading to further revisions

Core HIV prevention outcomes

- Increases in knowledge about HIV/STI
- Positive changes in attitudes and beliefs about HIV/AIDS
- Increases in condom use
- Increases in the number of youth who know their HIV status

Overview of data

- Pre-assessment and post-assessment data for youth who completed program interventions during the reporting period
- 17 agencies reported data from 391 youth involved in 26 interventions
- School-based programs not assessed
- Only participants in on-going, intensive interventions were assessed (e.g., peer educators rather than the youth they reached through their presentations)

Knowledge about HIV/STI

- Programs reported on questions they developed for use with their constituencies (example: "List three ways that HIV is passed from one person to another.")

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Average knowledge score at pre-test	24	62.25	23.799	0	94
Average knowledge score at post-test	24	88.92	11.317	61	100

- Significant changes identified
(Wilcoxon Signed Ranks Test, z score = -4.198; Asymp. Sig. p = 0.000)

Attitudes and beliefs

- Programs reported on questions they developed for use with their constituencies (example: "It is important to be supportive and caring towards school students who have HIV.")

Descriptive Statistics

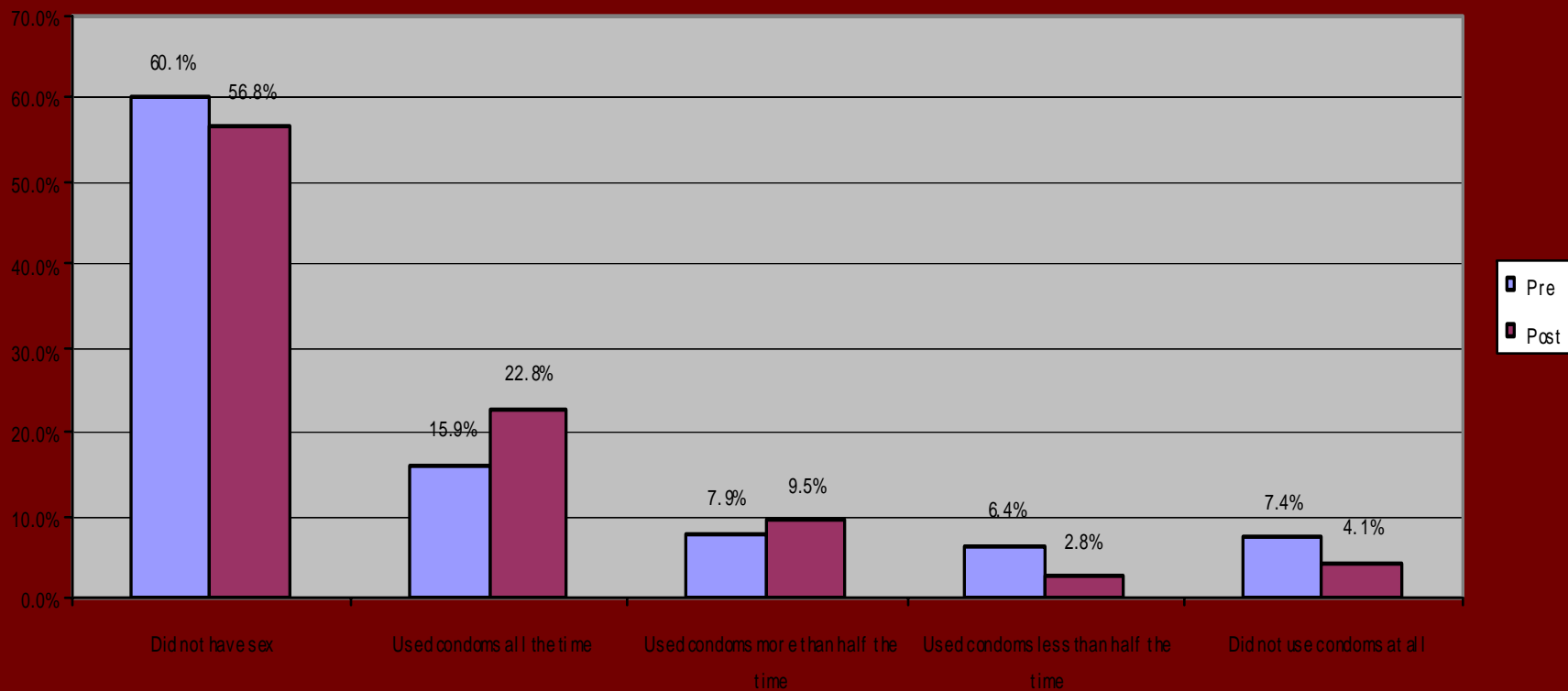
	N	Mean	Std. Deviation	Minimum	Maximum
Average attitude score at pre-test	22	69.41	23.425	0	100
Average attitude score at post-test	22	86.50	15.871	42	100

- Significant changes identified
(Wilcoxon Signed Ranks Test, z score = -3.774; Asymp. Sig. p = 0.000)

Condom use

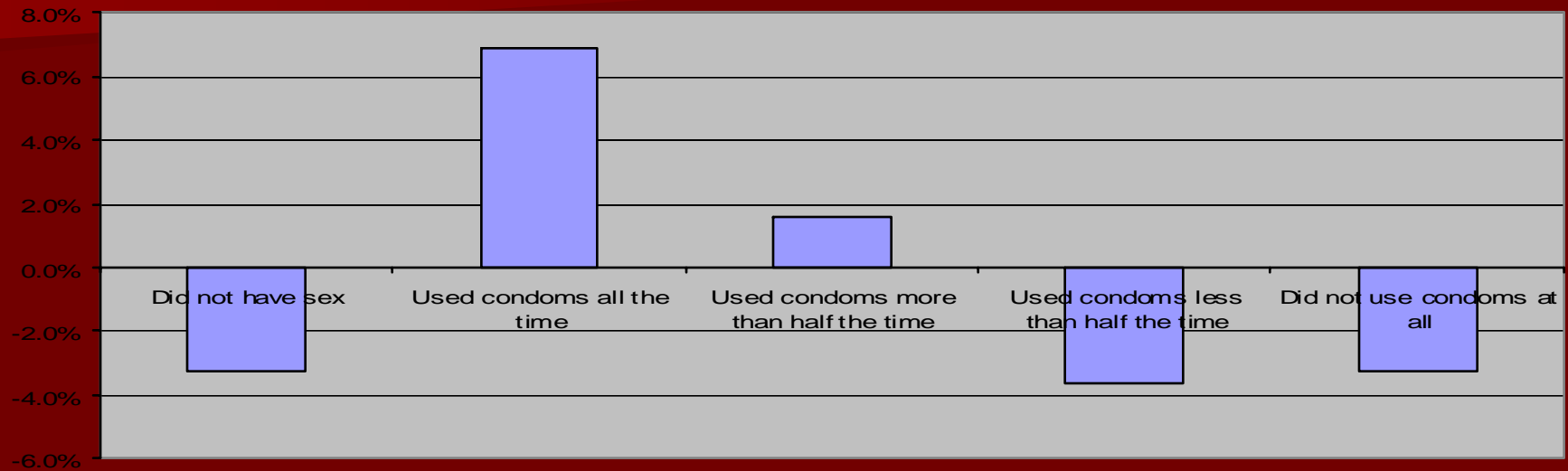
“During the past three months, how often have you used a condom?”

Sexual Risk Reduction/ Condom Use



Condom use

Changes in condom use



Paired Samples Test

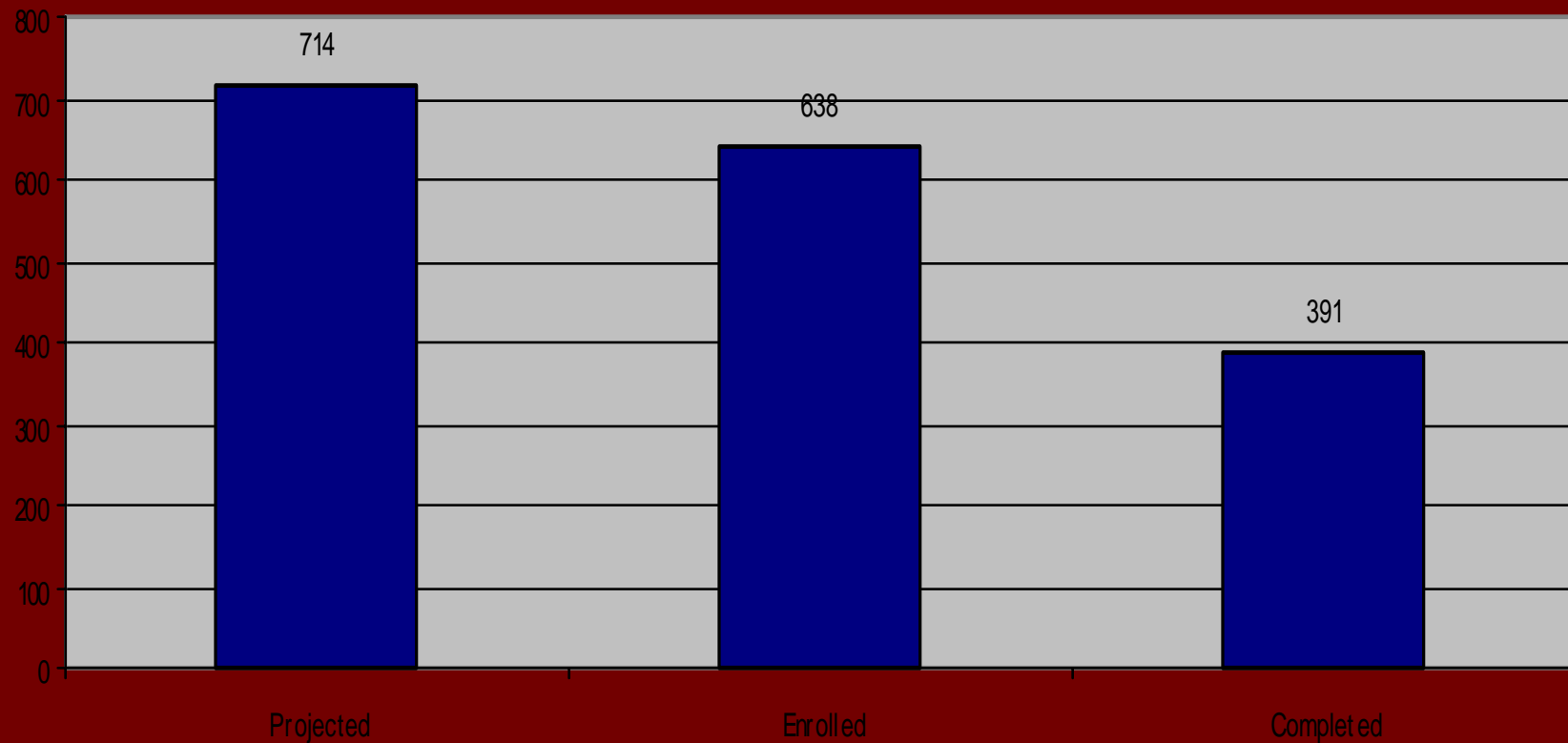
	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Average risk/protective sexual practices score at pre-assessment - Average risk/protective sexual practices score at post-assessment	.15860	.29361	.05872	.03741	.27980	2.701	24	.012

Knowledge of HIV status

- “Have you ever been tested for HIV? If you answered yes, did you ever get your test result?”
- 23.5% of youth (92 individuals) had tested at pre-assessment
- 38.6% of youth (151 individuals) had tested at post-assessment (Wilcoxon Signed Ranks Test, z score = -3.063; Asymp. Sig. p = 0.002)
- 72.8% of those who tested had obtained their results at pre-assessment; this increased to 84.1% at post-assessment (Asymp. Sig. p = 0.138)

Process findings

Number of Participants



Lessons learned

- Carrying out the outcomes assessment enabled the initiative to identify significant progress on core objectives
- Identifying core outcomes and piloting the outcome monitoring tool sparked productive discussions about how programs are designed to serve youth
- Compiling the data created new perspectives for assessing the initiative and tools for providing technical assistance for program improvement

Next steps

- A similar outcome-based reporting process will be implemented for all HIV prevention programs funded by the NYS DoH AI
- Analysis of the data will contribute to fine-tuning initiative outcomes and program strategies

With thanks to the agencies, program providers and staff of the Adolescent HIV Prevention Services Unit, NYS Department of Health AIDS Institute, the Assets Coming Together for Youth Initiative, and the staff and students of Cornell University's Family Life Development Center

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