

#138

COMPLETE

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Q1 Name of your organization.

Planned Parenthood California Central Coast

Q2 Grant #

20160261

Q3 Grant Period

July 1, 2016 to June 30, 2017

Q4 Location of your organization

| | |
|-------|---|
| City | Santa Barbara and Ventura Counties |
| State | California |

Q5 Name and Title of person completing evaluation.

Jennifer Navarro, Foundation Relations and Grants Manager

Q6 Phone Number:

(805)722-1523

Q7 Email address.

Jennifer.navarro@ppcentralcoast.org

Page 2: Key Outcomes and Results

Q8 Total number of clients served through this grant funding:

181

Q9 Describe the project's key outcomes and results based on the goals and objectives. Use the following format: State the Goal: State Objective 1: Describe the Activities, Results and Outcomes for Objective 1: State Objective 2 (if applicable): Describe the Activities, Results and Outcomes for Objective 2: State Objective 3 (if applicable): Describe the Activities, Results and Outcomes for Objective 3:

Our goals through this grant were to enhance internal capacity, transition to evidence-based sex education, and extend the reach of our sex education programming in Santa Barbara and Ventura Counties. To achieve this, we set out to hire a half-time health educator and program coordinator/evaluator to implement evidence-based programming, Making Proud Choices! California Edition (MPC!), as well as subscribe to "In Case You're Curious" (ICYC) – an anonymous textline where teens can get their sexual health questions answered and be referred to their nearest Planned Parenthood health center, as appropriate.

When we applied to the S.L. Gimbel Foundation, we had a full-time health educator already on staff in Santa Barbara County and we planned to hire a half-time health educator to serve Ventura County. We had an application pending with the California Department of Public Health for an Information and Education (I&E) Grant. Our I&E Grant was approved, and in conjunction with funding from the S.L. Gimbel Foundation, provided sufficient funding to enable us to hire a full-time health educator in Ventura County.

In July 2016, we hired our program evaluator/ coordinator and in September 2016, we hired a full-time bilingual and bicultural health educator in Ventura County. In November 2017, our education staff participated in training offered by the curriculum publisher and began implementing MPC! in February 2017. Through 11 cohorts, our health educators provided MPC! programming to 181 teens – 99 in Ventura County and 82 in Santa Barbara. We exceeded our goal to provide MPC! programming to 175 teens in Santa Barbara and Ventura Counties and due to hiring a full-time health educator in Ventura County, we well exceeded our Ventura County goal.

With the grant from the S.L. Gimbel Foundation, we were also able to subscribe to ICYC starting July 2016. Since then, ICYC has responded to sexual health questions from 187 teens. The most common questions were about birth control, sexually transmitted infections, periods, and pregnancy. Of these teens, 123 were referred to their nearest Planned Parenthood health center for services.

Q10 Please describe any challenges/obstacles the organization encountered (if any) in attaining goals & objectives.

In addition to our successes, we encountered a few challenges that led us to shift timelines and strategies. Based on publisher communications when we decided to implement MPC!, we expected the final version of the curriculum would be available in November 2016. However, the final version wasn't released until May 2017. After the curriculum training in November, our health educators prepared to implement an intermediate version, beginning the first cohorts in February 2017. Education staff participated in a curriculum booster training covering changes late May 2017 and we will implement the final version in 2017-18.

We also delayed program implementation with middle-school-aged youth, instead focusing on high-school-aged youth, given that the California's Adolescent Sexual Health Work Group's recent review of various curricula resulted in suggestions to the MPC! publisher that would make the program better suited for younger teens. The publisher has since made those changes and we plan on having separate middle school and high school cohorts in 2017-18. Unfortunately, this limited the number of youth we could serve through each partnership.

Q11 How did you overcome and/or address the challenges and obstacles?

To prevent MPC! implementation from being pushed back further and to remain on track with our goals, our health educators sought approval from the publisher, and began implementing an intermediate version of MPC! in February 2017.

Despite not being able to deliver programming to middle school youth, we focused on high school youth and will be able to implement MPC! with middle school youth in 2017-18.

Q12 Describe any unintended positive outcomes as a result of the efforts supported by this grant.

As part of this grant, we were able to hire a program coordinator, who also serves as the evaluator of our MPC! program. This enabled us to make our overall tracking processes more robust and to identify and implement continuous improvement measures. We were able to offer our partners the option to add an English or Spanish parent/guardian orientation and/or a health center tour and Positively Speaking presentation – a presentation by someone living with/affected by HIV. We also offered the option of supplementing our evidence-based programming with two modules: a self-identity module and a sexual and reproductive anatomy and physiology module, both of which use language that is inclusive of all genders.

MICOP, one of our community partners, serves Mixtec youth, some of who are English language learners. In order to be language accessible, we paid for interpretation services during programming, so that youth with low English-language skills could still benefit from the programming.

Q13 Briefly describe the impact this grant has had on the organization and community served.

MPC! has been previously evaluated for outcome and impact, therefore, we focus on evaluation strategies assessing how closely we adhere to the model (fidelity monitoring). Research shows that as a result of participating in MPC!, teens report: more frequent and consistent condom use, fewer instances of intercourse, and increased condom use knowledge. We expect to replicate these programmatic outcomes. Our internal program evaluator developed and leads our monitoring and evaluation plan, including the design of some of our tools, while our health educators implement data collection. Outcomes are tracked via sign-in sheets, formal and informal feedback gauging participants' satisfaction, and paper, mixed-method surveys capturing demographic data and changes in knowledge, behaviors, and values/attitudes. The curriculum publisher will also be releasing a fidelity monitoring tool that we intend to use once it is released. These indicators gauge our success in achieving high participation, satisfaction levels, and an increase in knowledge.

Youth responses to the prompt, "I could tell the educator cared about me and my learning by..." included:

- "Letting us know we're worth more."
- "The educator was very good on her job. I learn[ed] so much, this class will change my future."
- "What I liked best was the safe space and welcoming environment when talking about these issues."

When asked what the most important things learned from MPC! were, youth responses included:

- "The ability to communicate to a partner"
- "That it's okay to say no"
- "How to effectively say no when your significant other convinces you to have unprotected sex"
- "It's important to stick to your beliefs and also respect your partner's wishes"
- "The different birth control methods"

Our strategy to offer parent/guardian orientations was also successful. A paraphrased conversation with a mother following the parent guardian orientation: "My daughter recently started dating a boy and she brings him over to the house sometimes, my husband and I have met him. I am worried because we work a lot, I work two jobs, and we are not always home. I am worried that they might have sex and she will not know how to take care of herself. We have not talked about these topics at home, only about pregnancy, so I want her to come to these classes to learn how to take care of herself."

Page 3: Budget

Q14 Please provide a budget expenditure report of the approved line items. Include a brief narrative on how the funds were used to fulfill grant objectives.

Funding from the S.L. Gimbel Foundation was used to support the salaries of our health educator in Ventura County and our program coordinator/evaluator, as well as to pay for one year's subscription to the ICYC service. We will be sending our ICYC contract via email to the Foundation. We reached out to the Foundation for additional guidance, but have not yet received a response. If any other supporting documents are needed, please reach out to our Foundation Relations and Grants Manager, Jennifer Navarro, at Jennifer.Navarro@ppcentralcoast.org.

Page 4: Success Stories

Q15 Please relate a success story:

Our health educators often clear up misconceptions relating to sexual and reproductive health. Recently, our health educator in Ventura County corrected misinformation promoted by a local health care provider: A young parent shared with the group that a friend wanted to remove a long-acting birth control method, but was told she couldn't remove it until it stopped working years from now. Our educator let the group know this was not the case, provided accurate information, and referred to our health center.

Q16 Please relate a success story here:

Respondent skipped this question

Q17 Please relate a success story here:

Respondent skipped this question

Page 5: Organizational Information

Q18 Which category best describes the organization. Please choose only one.

Medical/Health/Public Agency

Q19 What is the organization's primary program area of interest?

Health & Human Services

Q20 Percentage of clients served through grant in each ethnic group category. Total must equal 100%

| | |
|------------------------|-----------|
| African American | 2 |
| Asian/Pacific Islander | 1 |
| Caucasian | 6 |
| Native American | 1 |
| Hispanic Latino | 78 |
| All Ethnicities | 0 |
| Other | 12 |
| Unknown | 0 |

Q21 Approximate percentage of clients served from grant funds in each age category.

| | |
|----------------------------------|------------|
| Children Birth-05 years of age | 0 |
| Children ages 06-12 years of age | 0 |
| Youth ages 13-18 | 100 |
| Young Adults (18-24) | 0 |
| Adults | 0 |
| Senior Citizens | 0 |

Q22 Approximate percentage of clients served with disabilities from grant funds.

Respondent skipped this question

Q23 Approximate percentage of clients served in each economic group.

Respondent skipped this question

Q24 Approximate percentage of clients served from grant funds in each population category.

Students

100
