

I. Overview:

Program Description, Target Population, Key Assumptions, Theory of Change, Intervention, Entities Crucial to Success

Program Name: Youth Health Messengers

Brief Program Description: "Youth Health Messengers" is an out-of-school time program that trains youth ages 14 – 18 to present and discuss health topics with their peers who reside East of the River in DC and even citywide. In Year 1, the Youth Health Messengers focused on HIV/STD prevention and pregnancy prevention with an emphasis on abstinence as a good and viable option. This year and in future years, YHM will expand the type of health topics on which youth are trained.

Target Population (overall and key segments): DC Ward 7 Youth Ages 14 – 18, Male and Female, In High School

Key Assumptions/Premises:

1. Health is not just the absence of illness, it is the active promotion and ownership of physical, emotional, economic, social, political well-being.
2. Messengers Matter.

Theory of Change:

Individual-level: Train youth who are opinion leaders and gatekeepers for their communities to understand and educate/reach others on health topics such as pregnancy prevention and HIV/STD prevention. Support youth to conduct projects that allows for self-expression of and marketing of health issues and resources information.

Community-level: By receiving health information and role models from credible messengers (messengers matter!), youth and members of the community will be increase their health knowledge and attitudes, leading to changes in behavior that will lead to improvements in health status. In addition, health messenger knowledge of and ability to communicate resources will increase health access leading to improvements in health status.

Program Goals/Intervention:

Goal 1. Individual-level: The health knowledge, attitude, and behaviors of youth enrolled in the program will improve. For enrolled youth, use direct youth development services (educational and recreational) to improve their health knowledge, attitudes, and behaviors that will maintain or lead to good health status.

Goal 2. Individual-level: The use of health services for enrolled youth will rise. For enrolled youth, improve access to services, such as at OE Clinic, that will maintain or lead to good health status.

Goal 3: Individual-level: The health outcomes for enrolled youth are good and sustained.

Goal 3: Community-level. The health knowledge, attitude, and behaviors of youth, adults, and families reached by the Messengers improve. For target audiences of enrolled youth (other youth and families), using outreach strategies improve their health knowledge, attitudes, and behaviors that will maintain or lead to good health status.

Key Program Management Outcomes/Outputs (the Dashboard):

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Process

1. Number of Youth Health Messengers Enrolled (by age group and leadership group segment)
2. Number of Peer Youth Reached; Number of Adult/Families Reached with Health Messages
3. Number of Youth Taking Abstinence Training
4. Marketing & Recruitment: Number of Events and Event Attendees, Collateral Distributed, Web hits

Impact

1. Enrolled youth knowledge, attitudes, and behaviors relative to health topics improving (e.g. youth knowledge, attitudes, and behaviors relative to pregnancy prevention, HIV/STD prevention, abstinence as viable option improving)
2. Audience youth knowledge, attitudes, and behaviors relative to health topics improving
3. Audience adults/families knowledge, attitudes, and behaviors relative to health topics improving
4. Enrolled youth enjoy good health outcomes (e.g. no new or recurring STD's, fewer dental problems, etc.)

Entities Crucial to Success of Intervention:

Congregations/pastors, influential residents, happily married couples, health clinics issuing marriage licenses

Strategy for Validating this Plan with Population Served:

Focus group with YHM's

ECCC Evaluation Plan for YHM Program

II. Logic Model				
Activities <i>What happens through our organization and mostly on account of HHS grant?</i>	Outputs <i>What are the tangible results of our activities?</i>	Short-term Outcomes (first year after initiation of an activity) <i>What changes do we expect to occur within the short term?</i>	Intermediate Outcomes (1-3 years) <i>What changes do we want to occur after that?</i>	Long-term Outcomes (3+ years) <i>What changes do we hope will occur over time?</i>
Goal 1. Individual-level: The health knowledge, attitude, and behaviors of youth enrolled in the program will improve.			For All Goal 1 Activities	All Strategies Combined
a. Train youth about health issues and how to promote health knowledge, attitudes, and behaviors to others through workshops, special projects (e.g. design newsletters).	<ul style="list-style-type: none"> # of trainings Attendance rate of YHM's Average customer satisfaction from youth is <i>at least</i> 3.5 on a 5-point scale 	<p>Knowledge & Attitudes: Pre- and -post tests on health topic show positive gains in knowledge and attitude toward health issue.</p> <p>Behaviors: YHM self-report healthy behaviors</p> <ul style="list-style-type: none"> 	<p>Knowledge & Attitudes: Gains sustained over time</p> <p>Behaviors: Gains sustained over time.</p>	<p>Health outcomes across Ward 7 & 8 drop, particularly among youth. Outcomes targeted:</p> <ul style="list-style-type: none"> STDs/HIV rates drop Teen pregnancy rates drop Improved dental health outcomes observed by local dentists Improved BMI, cardio, lower rate of diabetes

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b.				
c.				
d.				

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Goal 3. Individual-level: The health outcomes for enrolled youth are good and sustained.				
a.		Health Outcomes: Positive outcomes on health issues youth are trained on: <ul style="list-style-type: none"> • No new or recurring STDs/HIV • No new pregnancies • Improved dental health – no new cavities, gum diseases, tooth loss, etc. • Improved BMI, heart rate, etc. 	Health Outcomes: Gains sustained over time.	
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e.				

III. Data Collection Plan & Protocol

Tool/Collection Process (includes quantitative and qualitative like stories, anecdotes, etc.)	Who Will Use	How/Why to Use	When to Use	Storage/Where to Send It
<u>School-wide collection tools</u>				
Site Supervisor Weekly Report	School Site Supervisors	Use to Compile Youth Advisor Weekly Reports and to Record Own Activities for the Week; narrative sections may be used to compile report to principals	Each Friday/Monday	Send electronic copies to Chief of Evaluation, LWL Dept Manager, and to data entry staff person at IMA; narrative portions of report may be used to create weekly report of principals
Youth Advisor Weekly Report	Youth Advisors (and Site Supervisors to	Use to tally weekly efforts to create a good student	Daily	Give handwritten tallies to site

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	track own data for week)	learning environment at assigned school. Can make tally marks by hand for each question. Where possible, it is best to type up narrative portion on a computer.		supervisor on Friday of each week. Where possible, type up narrative portion and provide site supervisor with electronic copies.

IV. Analysis & Reporting Plan				
Report	Analyzed/Generated by What Mechanism/Staff	Internal/External Customers for Report (e.g. each funder's value- added)	Dissemination of Results– link to ECCC Marketing & Fundraising	Use of for Program Improvement Purposes