Form Approved

OMB No. 0920-xxxx

Exp. xx/xx/xxxx

**State and Community Awardee**

**Program Implementation Partner Needs Assessment**

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**Program Implementation Partner Needs Assessment (PIPNA)**

**The purpose of this assessment is to help your organization identify current strengths, as well as areas of potential growth, related to the implementation of evidence-based programs to prevent teen pregnancy. This information will be used to help you adopt or strengthen evidence-based programs.**

|  |  |
| --- | --- |
| **Name of Local Organization** |  |
| **Phone of Local Organization** |  |
| **Address of Local Organization** |  |
| **Name of CDC grantee organization** |  |
| **Name of person conducting assessment** |  |

**Please complete the following information for each individual involved in completing this organizational assessment.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | **Length of time in organization:** |  |
| **Current position in your organization (select from the following options)** | | | | | | |
|  | Executive Director | |  | Health/sexuality educator | | |
|  | Program Director | |  | Outreach Worker | | |
|  | Assistant Director | |  | Teacher/Coach | | |
|  | Program staff member | |  | Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | **Length of time in organization:** |  |
| **Current position in your organization (select from the following options)** | | | | | | |
|  | Executive Director | |  | Health/sexuality educator | | |
|  | Program Director | |  | Outreach Worker | | |
|  | Assistant Director | |  | Teacher/Coach | | |
|  | Program staff member | |  | Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | **Length of time in organization:** |  |
| **Current position in your organization (select from the following options)** | | | | | | |
|  | Executive Director | |  | Health/sexuality educator | | |
|  | Program Director | |  | Outreach Worker | | |
|  | Assistant Director | |  | Teacher/Coach | | |
|  | Program staff member | |  | Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**How was this assessment conducted (*please select one*):**

|  |  |
| --- | --- |
|  | In-person interview |
|  | Telephone interview |
|  | Mail |
|  | Web-based survey |

**PART I: Please provide some information about your organization.**

1. **Which statement best describes your organization? (Please select one)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | School |  | Community-Based Organization (CBO) focusing primarily on teen pregnancy |
|  | School district |  | CBO where adolescent reproductive health is one of many programs |
|  | Health department (non-clinical section) |  | Faith-based organization |
|  | Planned Parenthood affiliate |  | Health care facility (hospital, clinic) |
|  | Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Comment: | | | |

1. **a. How long has your organization existed in years?**

|  |  |
| --- | --- |
| Years: |  |

**b. How long has your organization focused on teen pregnancy prevention (TPP)?**

|  |  |
| --- | --- |
|  | <2 yrs |
|  | 2-5 yrs |
|  | 6-10 yrs |
|  | >10 yrs |
|  | TPP is a new focus for us |
|  | TPP is not a focus for us |

1. **How many hourly or salaried personnel do you have in your organization? Schools, school districts, and health departments may skip this question.**

|  |  |
| --- | --- |
| Fulltime (≥ 35 hours) |  |
| Part-time |  |

1. **How many hourly or salaried personnel in your local organization work (or will work if this is a new focus) on teen pregnancy prevention (TPP) programming?**

|  |  |
| --- | --- |
| Full-time on TPP |  |
| Part-time on TPP |  |

1. **How many volunteer or in-kind individuals work (or will work if this is a new focus) on TPP programming**?

|  |  |
| --- | --- |
| Volunteer/In-kind |  |

1. **Does your organization have written job descriptions for the executive director (or equivalent) and other staff positions?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. **Does your organization have written personnel policies and procedures (e.g., a Human Resources Manual)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**8. Does your organization have someone on the staff or board who interviews candidates and obtains their references?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**9. What is the current annual budget (approximate) of your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Does your current budget cover all programming and administrative costs?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**11. a. Which of the following fundraising strategies has your organization used during the past 12 months to support teen pregnancy prevention programs?**

|  |  |  |
| --- | --- | --- |
| **Strategy** | **Yes** | **No** |
| A direct mail campaign |  |  |
| Fees for services |  |  |
| Cause-related marketing which collects a portion of sales on consumer items |  |  |
| Special events such as dinners, fund-raising events, etc. |  |  |
| Grant-writing |  |  |
| Other: Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Not applicable: We have not been involved in teen pregnancy prevention in the past 12 months.\_\_\_\_\_\_­­­­­­­­ |  |  |

**b. Please tell us about the funding sources for your organization during the past 12 months to support teen pregnancy prevention programs and indicate the percentage of total funding for TPP at your organization obtained from that source. Please select all that apply. Approximate values should sum up to 100%.**

| **Funding Source** | | **% of total funding** |
| --- | --- | --- |
|  | Federal government |  |
|  | State government |  |
|  | Local government |  |
|  | Corporate donors |  |
|  | Individual/Private |  |
|  | United Way |  |
|  | Foundations (national, community, other) |  |
|  | Other source (*please describe*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Not applicable: We have not been involved in teen pregnancy prevention during the past 12 months. | |

**12. How would you rate your organization’s success in raising funds during the past 12 months for TPP programs?**

|  |  |
| --- | --- |
|  | Excellent |
|  | Good |
|  | Fair |
|  | Poor |
|  | N/A we have not raised funds for this purpose |

**13. Does your organization have a clearly defined mission?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**14. Does your organization have a written strategic plan to guide work and development over the next 3-5 years?**

|  |  |
| --- | --- |
|  | Yes |
|  | No, Skip to question 17 |
|  | Don’t Know |

**15. Is your current strategic plan realistic given the current resources of the organization?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**16. Is there support from the board and staff of your organization for the strategic plan?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**17. Does your organization have a board of directors?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**PART II: Please provide some information about the TPP programs you currently provide or plan to provide.**

**18. In what setting do you carry out (or plan to carry out if this is a new focus) your teTP programs? Please select all that apply.**

|  |  |
| --- | --- |
|  | Schools |
|  | After-school |
|  | Foster care youth program |
|  | Residential or group home |
|  | Clinic-based facility |
|  | Community Center or similar location |
|  | Faith institution |
|  | Other (*please describe*): |
|  | Don’t know |

**19. What age group(s) do you intend to reach with your current (or future if this is a new focus) teen pregnancy prevention programs? Please select all that apply.**

|  |  |
| --- | --- |
|  | 10 years and younger |
|  | 11-12 years |
|  | 13-14 years |
|  | 15-17 years |
|  | 18-19 years |
|  | 20 years and older |
|  | Parents of Teens/Preteens |
|  | Don’t Know |

**20. Do you intend to select programming to use with a single racial/ethnic group? Please select all that apply.**

|  |  |
| --- | --- |
|  | Black or African American |
|  | American Indian or Alaska Native |
|  | Native Hawaiian or Other Pacific Islander |
|  | Asian |
|  | White |
|  | Hispanic or Latino |
|  | Don’t know |
|  | No, we do not plan to use a program for a single racial/ethnic group |

**21. a. Approximately how many young people participate in your teen pregnancy prevention programs each year? If you haven’t provided teen pregnancy prevention programs enter 0.**

|  |  |
| --- | --- |
| Enter number |  |

**b. If you do not currently offer teen pregnancy prevention programs, but plan to in the future, approximately how many young people do you aim to target in the next year?**

|  |  |
| --- | --- |
| Enter number |  |

**PART III: Please tell us about available data and planning activities.**

**22. Has your organization decided to use Getting To Outcomes (GTO) approach to planning, implementing, and evaluating evidence-based TPP programs?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**23. Has your organization had formal training on Getting To Outcomes?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**24. Have you received assistance and/or coaching in using Getting To Outcomes?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**25. a. Which of the following data for the population that you serve do you now have access to? Please select all that apply.**

|  |  |
| --- | --- |
|  | Teen birth rates by county |
|  | Teen birth rates by age |
|  | Teen birth rates by race/ethnicity |
|  | Teen abortion rates |
|  | Teen rates of STI/HIV |
|  | A list of teen pregnancy prevention programs that currently exist in the community |
|  | None of these |

**b. Did you consider data such as these when selecting target populations with whom to work?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**26. a. In the past 12 months, have you conducted a needs assessment to gather information about the needs, assets and resources related to TPP in your community?**

|  |  |
| --- | --- |
|  | Yes, continue to question 26b |
|  | No, skip to question 27 |
|  | Don’t Know, skip to question 27 |

**b. How did you conduct the needs assessment (check all that apply):**

|  |  |
| --- | --- |
|  | Informal discussions with teens |
|  | Focus groups |
|  | Community survey |
|  | Used existing Youth Risk Behavior Survey data |
|  | Used recent needs assessment data from another group (*please describe*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other (*please describe*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**27. a. Do you currently have a logic model for your TPP program?**

|  |  |
| --- | --- |
|  | Yes, please continue to questions 27b-d |
|  | No, please skip to question 28 |
|  | Don’t Know, please skip to question 28 |

**b. Does the logic model indicate which teen pregnancy-related behaviors you are targeting   
 (e.g., age at first sex, contraceptive use)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**c. Does the logic model identify both risk and protective factors for each behavior   
 (i.e., what affects age at first sex or contraceptive use)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**d. Does the logic model include activities addressing these risk and protective factors?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**28. a. Has your organization delivered a TPP program in the past 12 months?**

|  |  |
| --- | --- |
|  | Yes, continue to question 28b |
|  | No, skip to question 35 |

**b. Thinking about the TPP program you delivered most recently, did you identify and think about various existing science-based programs before you chose your program?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

29. **Before the TPP program you delivered most recently, did you assess the program to determine if it fit with the needs and goals of your community?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**30. Before the TPP program you delivered most recently, did you assess your internal capacity to deliver the program (e.g., number of staff, staff training, technical resources, and program budget)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**31. Thinking about the TPP program you delivered most recently, did you develop a written work plan for your program delivery?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**32. a. During the past 12 months, did you evaluate the effectiveness of your teen pregnancy prevention program.**

|  |  |
| --- | --- |
|  | Yes, continue to question 32b |
|  | No, skip to question 34 |
|  | Don’t Know, please skip to question 34 |

**b. Which of the following evaluation strategies did you use to assess the effectiveness of your program? Please select all that apply.**

|  |  |
| --- | --- |
|  | Evaluation of the way each activity was implemented to see if it was delivered exactly as designed (with fidelity) |
|  | Evaluation of youth participation to determine recruitment and retention by the intended target population. |
|  | Outcome evaluation to measure the change in each targeted behavior |
|  | Outcome evaluation to measure whether you are changing the risk or protective factors associated with said behaviors |
|  | Don’t know |
|  | Other (*please specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**33. a. Did you plan changes to the program based on the evaluation results?**

|  |  |
| --- | --- |
|  | Yes, continue to question 33b |
|  | No, please skip to question 34 |
|  | Don’t Know, please skip to question 34 |

**b. Which of the following describes the changes made to the program? (Check all that apply)**

|  |  |
| --- | --- |
|  | Selected a program that was a better fit (*please specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Modified the existing curriculum using adaptation guidance |
|  | Discontinued the current program |
|  | Other (*please specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**34. During the past 12 months, did you market your TPP programs to partners, funders, or others who might help you continue delivering or funding the programs in the future?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**35. How familiar are you with Getting to Outcomes (GTO)?**

|  |  |
| --- | --- |
|  | Not at all |
|  | Somewhat |
|  | Very |

**36. Have your been trained on the iGTO web-based system for teen pregnancy prevention?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

**37. Have you used the iGTO web-based system to complete any of the above activities?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | No |
|  | **Don’t Know** |

**38. How much do you and your team agree or disagree with each of the following statements [by team, we mean those who will work with you to provide TPP programs]?**

| **Skill set** | **Strongly Agree**  **1** | **2** | **3** | **Neutral**  **4** | **5** | **6** | **Strongly Disagree**  **7** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Goals and objectives are primarily for funders and grant applications |  |  |  |  |  |  |  |
| Our programs would be improved by modifying them based on evaluation data |  |  |  |  |  |  |  |
| The extra time and costs required to implement scientifically proven programs greatly outweigh the benefits |  |  |  |  |  |  |  |
| Program staff often know whether a program is working well without having to do a formal evaluation |  |  |  |  |  |  |  |
| Implementing a program that is mismatched with the values of the local community will lead to poor implementation and outcomes |  |  |  |  |  |  |  |
| Time spent writing out all the activities of a program on a timeline could be better spent on implementation |  |  |  |  |  |  |  |
| We could better achieve our mission by devoting resources to regularly gathering information about the teen pregnancy prevention needs of the community |  |  |  |  |  |  |  |
| Funding is available for a teen pregnancy prevention program that produces positive results. |  |  |  |  |  |  |  |
| Changing programs based on evaluation data will likely cause problems |  |  |  |  |  |  |  |
| When implementing new programs we would benefit from only choosing ones that are scientifically proven |  |  |  |  |  |  |  |
| Given all the time constraints on staff, formal evaluations of programs are not critical to do |  |  |  |  |  |  |  |
| It is likely that a successful teen pregnancy prevention program will continue to receive funding with little effort |  |  |  |  |  |  |  |
| Programs should be changed over time if evaluation data says so |  |  |  |  |  |  |  |
| Resources (e.g., staff time, funds) devoted to data collection to understand the teen pregnancy prevention needs of our community could be better spent elsewhere |  |  |  |  |  |  |  |
| Staff should only implement program activities that can be linked to our goals and objectives |  |  |  |  |  |  |  |
| Using measurable objectives in the planning process is a step that must be taken in order to demonstrate our success |  |  |  |  |  |  |  |
| Before implementing programs, it is important to critically assess whether we have adequate resources/ capacity to implement the program (e.g., number of staff, staff training, technical resources, program budget) |  |  |  |  |  |  |  |

**39. Imagine that your team is thinking about implementing a new program in your community. For the tasks listed below, please rate each item on a scale of 1 to 5 based on how much assistance you think that you and your team would need in order to complete each task. A rating of 1 indicates the need for a great deal of assistance, while a rating of 5 indicates the ability to complete the task without any assistance.**

| **Task** | **A great deal of assistance needed**  **1** | **2** | **Some assistance needed**  **3** | **4** | **No assistance needed**  **5** |
| --- | --- | --- | --- | --- | --- |
| Develop program goals for your new activity |  |  |  |  |  |
| Assess how well your new program activity will fit within other existing program activities offered to the same target population |  |  |  |  |  |
| Define a target population for your new activity |  |  |  |  |  |
| Measure participant satisfaction |  |  |  |  |  |
| Evaluate the activity to ensure that it is meeting goals and objectives by analyzing and interpreting data |  |  |  |  |  |
| Identify those who will be responsible for each task |  |  |  |  |  |
| Specify the amount of change expected in your objectives |  |  |  |  |  |
| Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers |  |  |  |  |  |
| Determine if an existing evidence-based program would meet your goals and objectives |  |  |  |  |  |
| Examine how the new program will fit with the values of your organization |  |  |  |  |  |
| For each program activity, measure how well the implementation followed the original program design (i.e., fidelity) |  |  |  |  |  |
| Ensure that all new program activities are linked to the goals and objectives by using a logic model |  |  |  |  |  |
| Determine if any evidence-based programs are applicable to your target population |  |  |  |  |  |
| Assess the causes and underlying risk factors for teen pregnancy in your community |  |  |  |  |  |
| Assess whether there are adequate resources to implement the new program (e.g., number of staff, staff training, technical resources, funding) |  |  |  |  |  |
| Create timelines for completing all program tasks |  |  |  |  |  |
| Develop a budget that outlines the funding required for each program activity |  |  |  |  |  |
| Develop a plan to sustain the program if it is successful (i.e., determine future funding sources) |  |  |  |  |  |
| Use results from an evaluation to improve program delivery the next time it is offered |  |  |  |  |  |

**40. Listed below are the same tasks from question 26. Place a check by those tasks for which your team would like technical assistance or training in the next 12 months.**

|  | **Task** |
| --- | --- |
|  | Develop program goals for your new activity |
|  | Assess how well your new program activity will fit within other existing program activities offered to the same target population |
|  | Define a target population for your new activity |
|  | Measure participant satisfaction |
|  | Evaluate the activity to ensure that it is meeting goals and objectives by analyzing and interpreting data |
|  | Identify those who will be responsible for each task |
|  | Specify the amount of change expected in your objectives |
|  | Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers |
|  | Determine if an existing science-based program would meet your goals and objectives |
|  | Examine how the new program will fit with the values of your organization |
|  | For each program activity, measure how well the implementation followed the original program design (i.e., fidelity) |
|  | Ensure that all new program activities are linked to the goals and objectives by using a logic model |
|  | Determine if any science-based programs are applicable to your target population |
|  | Assess the causes and underlying risk factors for teen pregnancy in your community |
|  | Assess whether there are adequate resources to implement the new program (e.g., number of staff, staff training, technical resources, funding) |
|  | Create timelines for completing all program tasks |
|  | Develop a budget that outlines the funding required for each program activity |
|  | Develop a plan to sustain the program if it is successful (i.e., determine future funding sources) |
|  | Use results from an evaluation to improve program delivery the next time it is offered |
|  | Use iGTO to support program selection and implementation |
|  | No TA requested on any of these topics. |

THANK YOU!